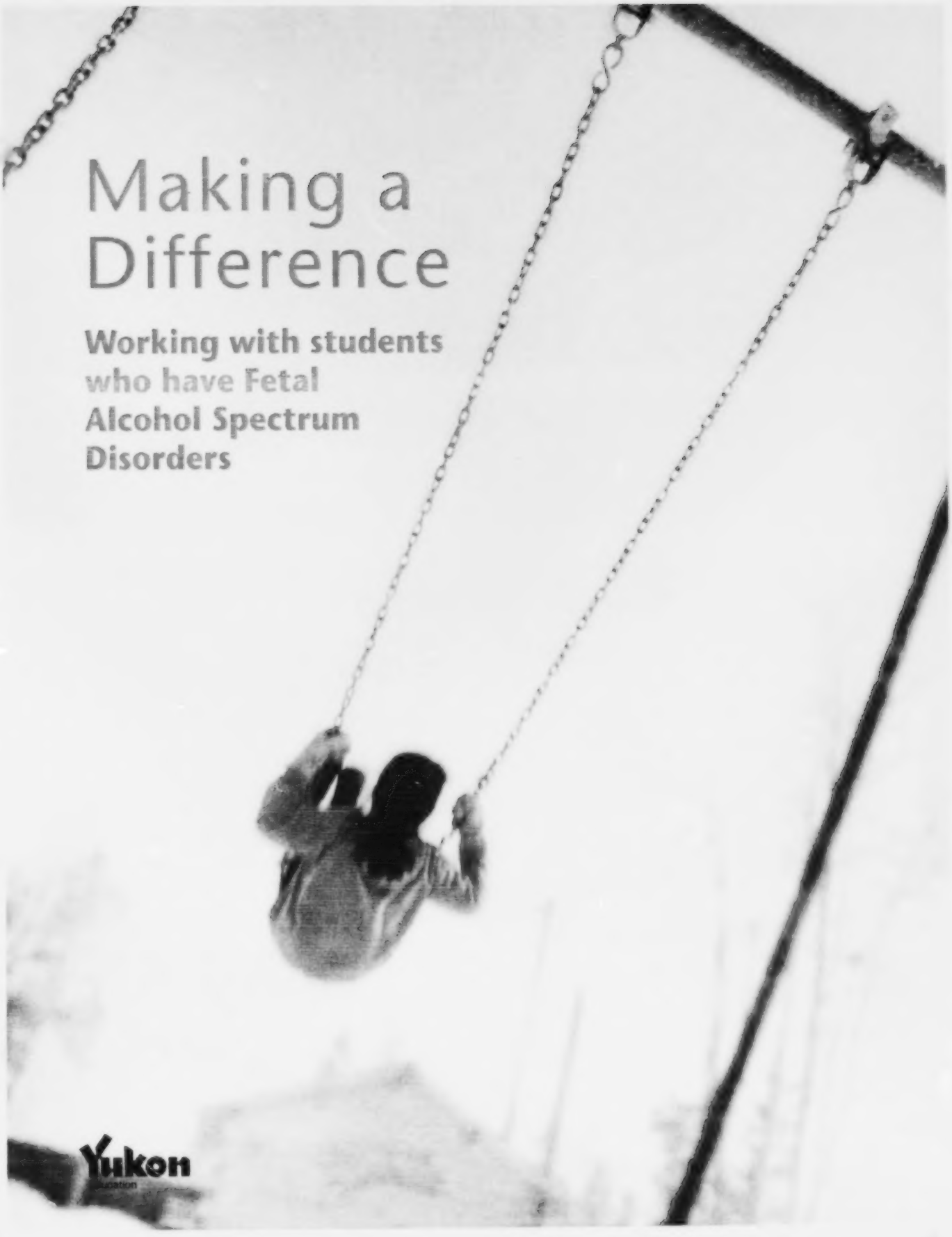

Making a Difference

Working with students who have Fetal Alcohol Spectrum Disorders

Yukon Education

Making a Difference

Working with students who have Fetal Alcohol Spectrum Disorders

Yukon
Education

Every effort has been made to provide proper acknowledgement of original sources and, where we have adapted material, to remain true to the content and spirit of the original. Any error is the responsibility of the authors of this manual, and every effort will be made to correct it. To suggest changes or corrections, please contact Yukon Department of Education, Special Programs, Box 2703, Whitehorse, Yukon, Canada Y1A 2C6.

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ISBN 1-55362-285-5

Design and layout: Patricia Halladay Graphic Design

Editing: Claire Eamer

Photography: archbould.com

Acknowledgements

The following individuals are gratefully acknowledged for the information and feedback they provided for this manual:

Yukon Department of Education

- Stacey Burnard, School Psychologist
- Melissa Croskery, Occupational Therapist
- Sharon Davis, School Psychologist
- Micki Deuling Kenyon, Coordinator, Special Programs
- Lisa Dymond, Speech Language Pathologist
- Carol McCauley, Director of Schools, Area III
- Carol Miller, Speech Language Pathologist
- Paula Thompson, Math Consultant

Teachers

- Heather Carr-Rowe, Classroom Teacher
- Carrie-Lynn Robinson, Vice Principal and Classroom Teacher
- Christiane Woods, Classroom Teacher

Fetal Alcohol Syndrome Society of Yukon (FASSY)

- Judy Pakozdy, Executive Director, parent and advocate

Little Salmon/Carmacks First Nation

- Viola Mullett
- Melanie Tourangeau

We would also like to acknowledge the contribution of the Public Schools Branch FASD Project Team, which includes representatives from Little Salmon/Carmacks First Nation, Selkirk First Nation, FASSY, schools in Carmacks and Pelly, and the Yukon Department of Education Curriculum and Special Programs Branches. Special thanks to the staff of Tantalus School as well as Little Salmon/Carmacks First Nation for their work in informing this project. Many people were generous with their time and thoughts.

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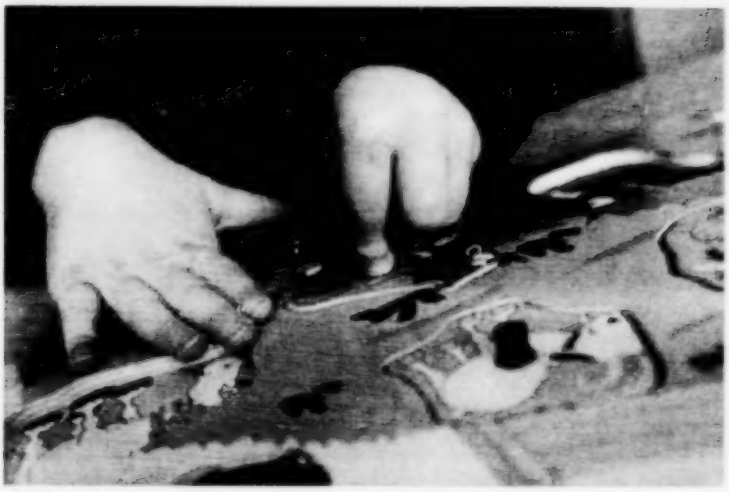
Introduction



Making a difference for students with FASD

The core of this manual is 12 Essential Elements for dealing with students affected by FASD:

- **Elements 1-3** are fundamental to understanding the core philosophy of the manual. They suggest a personal orientation and a view of the child with FASD that are essential in moving towards success.
- **Elements 4-5** deal with the basic approaches required in programs designed for children with FASD: the need for structure, and the need for observation of student behaviour.
- **Elements 6-10** discuss how the brain affected by alcohol functions differently in the areas of behaviour, sensory input, language, memory, and academic and social skills, and proposes strategies for dealing with these differences.
- **Elements 11-12** discuss the needs of students as they move through the school system.

We encourage you to read the 12 elements in their entirety, but individual sections can be read separately. However, we urge you to make sure you are familiar with the information that begins on page 3 (What Do We Need to Know About FASD?) before you go on to the Essential Elements.

The 12 Essential Elements

1. Meeting the challenge

Believe you can promote success in students with FASD. Commit to being part of the solution by working with others in your community.

2. Families and FASD

Understand the strong emotions faced by families living with FASD. Our knowledge, beliefs, judgment, and personal issues around alcohol influence our interactions with families.

3. Trying a different approach

Realize that children — like adults — do the best they can with the understanding they have. When they repeatedly make the same mistakes, they need a different approach.

4. Establishing structure

Put structures in place for success, and teach habit patterns as the pathway to understanding. The need for structure is lifelong for a person with FASD.

5. Observing behaviour

When an academic or behaviour support is not working with a student with FASD, use S.O.A.P. (Stop action. Observe. Assess. Plan).

6. Interpreting behaviour

Consider misbehaviours in students with FASD, such as inattention or lying, as coming from lack of understanding, rather than noncompliance.

7. The physical environment

Understand how sensory input and sensory processing affect a student's ability to be successful in the school environment.

8. Using concrete language

Talk to students with FASD so they understand — use concrete language.

9. FASD and memory

Understand the role that memory plays in a student's ability to learn and to sustain a consistent level of performance.

10. Academic and social skills

Realize that a brain damaged by alcohol cannot process information in a typical manner. This causes life-long difficulties learning academic and social skills.

11. Transitions

Pay attention to all transitions in the life of a person with FASD, in particular the transition into adulthood. It must begin early, continue well beyond adolescence, and requires ongoing teaching of daily living skills.

12. Measuring success

Redefine success. Recognize and applaud accomplishments, in both our students and ourselves.

What do we need to know about FASD?

Not long ago, a group of educators met to discuss classroom challenges they currently face. Reminiscing about their visions of teaching when they were university students, they said examples taught then often do not match the reality they face today. One reason for this mismatch is the fact some of their students have significantly different ways of learning as a result of prenatal exposure to alcohol — Fetal Alcohol Spectrum Disorders (FASD).

In our schools, Fetal Alcohol Spectrum Disorders is the very large problem that we don't know quite how to handle and that we hope will just go away. In some classrooms, FASD is such a large and intractable problem that we may not even be able to acknowledge it. **Knowledge and understanding of FASD helps make sense of the challenges facing students with the disability.** Knowledge also eases the burdens of educators and can be the first step towards managing the challenge.

This manual addresses FASD, a subject about which many educators may have received little specific training. FASD refers to the brain damage that affects children and adolescents exposed prenatally to alcohol, and the learning and behavioural differences they exhibit as a result. The manual also provides practical strategies for helping these young people, in both the classroom and the community.

Recognizing the problem

The harmful effects of alcohol on the growing fetus have been recognized at least since the time of the Old Testament and the ancient Greek medical philosophers. However, many of these historical warnings were either lost or ignored until the last forty years. Prior to the 1960s, children damaged by alcohol before birth were not diagnosed and the source of the challenges they faced was considered unknown.

Fetal Alcohol Syndrome, as FASD was originally defined, was first diagnosed in Seattle, Washington, in 1973. Awareness of the syndrome grew over the next thirty years in both the public and medical domains. The 1989 book by Michael Dorris, *The Broken Cord: A Family's Ongoing Struggle With Fetal Alcohol Syndrome*, did much to increase public understanding of FASD. Medical understanding of FASD has also grown, resulting in diagnostic centres around North America and a proliferation of intervention and support programs for people with FASD.

Many Yukon First Nations and other government agencies at the territorial and federal level are working on preventing FASD and assisting individuals born with it.

In the Yukon, a great deal of work has been done in this area. In 1985 Dr. K.O. Asante conducted epidemiological research (Asante and Nelms-Maztke 1985) on the prevalence of FASD in the Yukon. The Fetal Alcohol Syndrome Society of Yukon, known as FASSY, has been a strong advocate in the territory, both for children born with the effects of alcohol and for their families.

Recently the Yukon has seen the establishment of a multi-disciplinary FASD diagnostic team for children and youth. FASD is a medical diagnosis. The diagnostic model used by the Yukon team is consistent with Canadian guidelines (Chudley et al. 2005). The process consists of screening and referral, a physical examination by a doctor, neurobehavioural assessment, intervention suggestions and follow-up support in the child's home and community. **The diagnostic team considers information from a variety of people — the child, family, care providers, and educators — during the process.**

Although we recognize that there are children with FASD in the Yukon, there are no national statistics on rates of FASD in the Yukon or Canada. In 2000, the Yukon Medical Officer of Health estimated that approximately 24 children are born with FASD in the Yukon every year (Timmermans 2000). Not all children born with FASD are diagnosed, but they all go to school.

While in school, Yukon educators are faced with the challenge of helping these children develop to their potential. For this reason, Yukon educators need to know about the effects on children of prenatal exposure to alcohol and how to adapt teaching methods to meet these children's needs.

Can educators make a difference?

The goal of this manual is to provide educators with an understanding of how prenatal exposure to alcohol may have affected some of the children in their classrooms and to provide effective teaching strategies to deal with those effects. The writers recognize the importance of understanding the whole child in a context that goes beyond the classroom walls and includes the child's family, peers, and community. Thus, the manual suggests a holistic approach and provides examples of how the approach can be incorporated in the classroom and beyond.

What is it?

The term "FASD" represents the broad range of effects that a child who has been prenatally exposed to alcohol may have. The term "Fetal Alcohol Syndrome" (FAS) was coined in the 1970s to describe the results of alcohol damaging the developing fetus. Many people are familiar with this term or others associated with it. Recently, Fetal Alcohol Spectrum Disorders (FASD) has been adopted as an umbrella term that encompasses all of the following terms:

- Fetal Alcohol Syndrome (FAS);
- Partial Fetal Alcohol Syndrome (PFAS);
- Fetal Alcohol Effects (FAE);
- Alcohol-Related Neurodevelopmental Disorder (ARND); and
- Alcohol-Related Birth Defect (ARBD).

The biological basis of FASD

FASD is the result of the effect of alcohol on the fetus. Pregnancy lasts 40 weeks and the fetal brain is vulnerable during the entire pregnancy. Many of the common physical deformities associated with FASD occur during a six-week window in early pregnancy when a woman may not yet know she is pregnant. **Any time a woman drinks, the alcohol can influence whatever is developing in the baby at the time.**

This manual has four main purposes:

1. It is a resource that Yukon educators can use to make a difference in the lives of their students.
2. It offers hope in cases where educators may feel their efforts are failing to help students grow to their full potential.
3. It provides guidelines for establishing relationships with individuals afflicted by FASD, as well as with their families and communities.
4. It provides educators with easy access to information that can be used in their classrooms to help students with FASD.

The part of the fetus affected depends on when during the pregnancy alcohol was consumed and the amount of alcohol consumed. Alcohol can easily cross the placenta, go directly to the fetus and damage developing cells. When brain cells are damaged, the body tries to heal by sending cells to the damaged area. The cells create a structural layer of support for the brain but the layer is filled with non-thinking cells. Therefore, the brain does not grow as it should and abnormal connections are formed between different parts of the brain. The process of forming connections between different parts of the brain is called lamination. Improper lamination directly influences the brain's capacity for:

- abstract thought;
- linking cause and effect;
- generalization;
- memory;
- attachment; and
- sexual behaviour.

The changes in brain development are permanent. The brain damage does not repair itself over time and it does not progress. **There is no cure for the damage sustained through prenatal exposure to alcohol.**

Using alcohol while pregnant can have two kinds of impacts on the child:

1. Primary disabilities are the direct result of the alcohol on the fetus.
2. Secondary disabilities occur after birth, as a consequence of the primary disabilities.

All persons with FASD have some of these disabilities, but an individual may not have all of them.

Primary disabilities

Primary disabilities are divided into two categories — deficits that result from damage to the brain, and deficits that result from damage to other parts of the developing fetus, such as the bones or organs.

Brain function deficits

1. Neurological impairment: This shows itself as a small head and underdeveloped brain. The I.Q. may vary from well below average to above average.
2. Information processing deficit: This results in gaps and inconsistencies in understanding, sequencing, and auditory processing of information.
3. Memory and attention deficit: This results in spotty or faulty memory and a limited attention span. It is estimated that 80 percent of children with FASD demonstrate hyperactivity.
4. Delay or dysfunction of language skills: This may result in limited vocabulary and comprehension, problems with clarity of speech, or speech impairment.
5. Other deficits/delayed development: The result may be late walking, late talking, tremors, or problems with balance, coordination, and fine motor skills.

Other damaged or underdeveloped parts of the brain may affect overall intellectual development, learning ability, and social judgment. Some children with brain damage may also be easily distracted, impulsive, or perseverant, meaning that they continue to respond to a stimulus even after it is gone (Saskatchewan Learning 1996).

In addition to FASD, the child may have co-existing conditions such as Attention Deficit Hyperactivity Disorder, Opposition Defiance Disorder, Depression, or psychosocial impact; i.e., the brain is more vulnerable in less supportive environments (FASD Clinical Services, 2004).

Physical abnormalities

Physical abnormalities result from the effect of alcohol on the fetus and are reflected in the child's physical appearance or in differences in how the body systems function. The facial features associated with FASD tend to soften as the child ages, so that by early adulthood they may be less apparent or disappear altogether.

Not all children affected by alcohol appear physically different, which is why FASD is sometimes called a hidden disability.

Table I.1
Physical abnormalities and FASD

The physical abnormalities associated with FASD can affect school performance and achievement.

1. Eye malformations	crossed eyes, near-sightedness, poor vision
	optic nerve abnormalities
	astigmatism
	curved or twisted retina
2. Ear malformations	outer ear abnormalities
	sensorineural hearing loss
	inner ear abnormalities (common)
	frequent ear infections
3. Mouth and jaw problems (related to the small/ malformed jaw)	dental problems (crowded teeth, gum deviations), and cleft palate or soft palate
	dysfunctional movements of tongue and larynx
	upper airway passages may be obstructed causing respiratory problems, particularly at night
4. Skeletal defects	missing bones, hip dislocation, scoliosis, clubfoot, incomplete nail development
	hand and finger deviations (altered palm creases, claw-like hand/foot)
5. Organ pathology	heart problems
	urogenital and genital anomalies
	malformed, misplaced, or absent kidney
6. Other sensory deficits	tactile defensiveness (not wanting to be touched) or, conversely, a high need for tactile stimulation such as cuddling, touching others
	hypersensitivity or hyposensitivity to light, sound, taste, touch, and smell
7. Immune system impairment	allergic reactions or altered susceptibility to infections; research suggests that this is a lifelong effect

Source: Saskatchewan Learning 1996

Secondary disabilities

Secondary disabilities are disabilities that occur after birth, when there is a mismatch between the person and his or her environment. Early diagnosis and appropriate interventions can reduce the effect of life-long deficiencies caused by brain damage. These are some examples of secondary disabilities that can be lessened or eliminated through appropriate intervention:

- mental health problems;
- repeated school failures;
- trouble with the law;
- inappropriate sexual behaviour; and,
- drug and alcohol problems.

Source: Streissguth, 1997, p.105

Reducing the impacts of FASD

We can't fix or change the primary effects of FASD, but the secondary disabilities associated with it can be limited through protective factors. Streissguth (1997, p.111) identified five universal environmental protective factors that decrease secondary disabilities:

- living in a stable and nurturing home of good quality;
- not having frequent changes of household;
- not being a victim of violence;
- having received developmental disabilities services; and
- having been diagnosed before age six.

Although educators do not have direct control over these protective factors, they can be important advocates. **One of the primary functions of schools is to support the delivery of services.** Partnering with the community to create a caring and respectful school environment will enhance the likelihood of reducing secondary disabilities (Saskatchewan Learning 2004).

Diagnosing FASD

FASD is usually diagnosed by a multidisciplinary team consisting of a speech language pathologist, psychologist, occupational therapist and medical doctor. The diagnosis is

People with FASD will always have FASD. However, with understanding and early intervention, the effect of secondary disabilities can be minimized.

based on four areas. Each of the four areas is given a level of severity, ranging from one to four (1 = complete absence of feature; 4 = strong, classical presentation of the feature):

1. Maternal use of alcohol during pregnancy: if alcohol exposure histories are not documented or confirmation of use cannot be obtained from the mother, children cannot receive a diagnosis of FASD.
2. Growth deficiency: based on weight and height measurements.
3. Facial features: based on three key factors — small eye openings, flattened vertical columns in the upper lip (philtrum), and a thin upper lip.
4. Brain damage: based on three different areas.
   a. structural changes as seen in an MRI or CAT scan (most individuals do not show abnormalities);
   b. neurological dysfunction: e.g., seizures, muscle weakness, coordination deficits (some but not all individuals show neurological dysfunction);
   c. brain functioning as assessed by a multidisciplinary team (occupational therapist, psychologist, speech and language pathologist) using standardized tests.

For a more detailed description of the diagnostic process see Fetal alcohol spectrum disorder: Canadian guidelines for diagnosis *(Chudley et al. 2005). The guidelines are available through Special Programs, Yukon Department of Education. Currently, diagnosis for school-age children can be done in conjunction with the Department of Education, Special Programs. Diagnosis for adults is done through the Fetal Alcohol Syndrome Society of Yukon (FASSY).*

Who is at risk?

Stereotypes exist about women who give birth to children affected by alcohol, and teachers must be wary of them. Teachers should be careful, in particular, not to make judgments or assumptions about the source of challenges that their First Nation students may face. FASD is not a First Nations issue or a non-First Nations issue.

Women from all cultures and socio-economic backgrounds are at risk from alcohol during pregnancy. **Wherever there is alcohol, there is the potential for FASD.** Consider a study done by the Centers for Disease Control and Prevention in Atlanta. It cites the following high-risk factors for alcohol use by pregnant women: college-educated, unmarried, employed or students, annual incomes of more than $50,000, or smokers. (Ebrahim et al. 1998). In other words, any woman who consumes alcohol during her child-bearing years is at risk of having a child with FASD.

Essential Element 1

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Meeting the Challenge

Michael, a student with FASD, was running for the student council. He walked onto the stage and delivered a speech he had written himself. When he finished, the entire student body and faculty rose to their feet in a standing ovation.

Believe you can promote success in students with FASD. Commit to being part of the solution by working with others in your community.

This was a contrast to three years previous when Michael missed over 60 percent of his class time due to off-task, inappropriate behavior. His teachers, not knowing he had FASD, were extremely frustrated and made such comments as these: he could do it if he tried; nothing I do seems to work; he acts strange for no apparent reason; I thought I was a good teacher, but after this year, I feel like leaving the field; and, I think he needs to be in a special class.

After the staff received training on FASD and tried new approaches, however, Michael began to respond favourably. On the day when he delivered his speech the entire staff remembered the teacher who said, "And to think I considered leaving teaching. If I had, I would have missed this moment."

The Challenge

Many Yukon teachers approach the challenge of educating children with FASD with imagination, perseverance, and compassion, creating learning environments that enable the children to be successful. Yet the energy needed to meet the needs of the students often leaves educators tired and discouraged, feeling that their efforts do not make a difference.

At a recent workshop, teachers expressed frustration at their students' lack of progress and their own feelings of helplessness:

- I find myself unprepared to deal with the community issues related to drugs and alcohol, and the aftermath of payday binges in the families of my students.
- How do I help my students with FASD, whose lives are chaotic and whose parents are still drinking?
- I am unable to get my work at school out of my mind, and frequently find myself even dreaming about my students.

Compassion fatigue

Teachers who feel powerless to influence the situations they see their students facing should acknowledge these feelings and recognize that they can be dealt with in a positive way. **These feelings can be secondary to a condition called compassion fatigue.** Compassion fatigue is difficult to define, but it's familiar enough to therapists, emergency physicians, pastoral counselors, police officers, educators, and others working in a community with complex problems. All of them have been asked questions like, "How do you cope? How do you turn off your work when you go home? How do you let go of the terrible things you see and hear on the job?" And all of them, from time to time, have seen the effects of compassion fatigue in themselves or in their colleagues.

To cope with the intensity of working with students and families living with FASD, you must acknowledge that the experience will affect you. Many of us are secondary witnesses to the distress in the lives of our students and their families.

We listen and offer support, and we can't help but take into ourselves some of the emotional pain.

These are some of the effects of compassion fatigue:

- You begin to lose confidence that you can make a difference.
- You experience changes to your feelings of being safe.
- Your intimate, personal relationships are affected.
- Your world view changes; you question your decision to be a teacher and your ability to make a difference.
- You experience changes to your feelings of dependency, your ability to depend on yourself and others, and to be alone with yourself.

Compassion fatigue is different from burn-out, because it can follow you, even when you change jobs. It causes differences in the way your own brain functions, and affects the way you see the world, yourself, and other people. Many of us have trauma in our history, and the more your personal trauma resembles your students' problems, the more you are likely to be affected by what you see in your students. The family members and caregivers of your students with FASD may also be dealing with compassion fatigue, and it may make it difficult for them to find a balance in their lives.

Protecting yourself from compassion fatigue

This is the ABC strategy for dealing with compassion fatigue:

A **Awareness:** Pay attention, understand. Learn about compassion fatigue and recognize the symptoms.

B **Balance:** Try to balance personal and work lives. Ensure that you take time for breaks, lunch, and exercise, and prioritize your family and personal life. To avoid getting stuck in trauma, learn new skills or try new activities. This encourages new connections between the brain's neural pathways and prevents negative pathways from becoming entrenched.

C **Connection:** Connect with anything larger than yourself, such as religion, spirituality, and community involvement. Spend time with others who understand your situation and who are supportive.

Source: Charles R. Figley. (2002).

The most important coping skill you can give yourself is the recognition that it is normal to be affected by compassion fatigue. You are not alone and it is okay to feel mad, shocked, saddened, or vulnerable.

Teachers who create balance between their professional and personal lives will be more able to apply their knowledge, wisdom, and skill to helping students with FASD.

Making use of the community

There are key allies beyond the family and school for teachers educating students with FASD. The community is important in the life of the child with FASD. In fact, interactions between teachers, families, and community have been cited as a predictor of adjustment to school (Fantuzzo 1999).

While we may all agree that community is important, it is worth reflecting on how we define the term — the neighbourhood we live in, the people we interact with, or the world encompassed by the spiritual, mental, physical, and emotional aspects of our lives. The Yukon has a unique sense of community based on its combination of demographics, geographical isolation, the challenging climate, and the coexistence of First Nations and non-First Nations cultures. These characteristics create an opportunity for valuable partnerships that can support children with FASD.

Standard teacher training has tended to overlook the role of community in the education process. The school was considered separate from and authoritative to the community. Recently, this view has been evolving toward a more holistic view of the school as an integral part of the community.

The challenge educators face is understanding how to build the community-school relationship.

Teaching in the communities

Teachers in the Yukon recognize that there are differences between teaching in Whitehorse and teaching in one of the communities outside Whitehorse. Striking a balance between professional life and private life is always a challenge, but it can be particularly difficult in rural communities. Rural teachers usually have less access to resources and are frequently isolated from their families. The small size of rural communities may make teachers feel as though they are living in a fish bowl, making them cautious in how they interact with people. As a result, teachers in rural communities can find it difficult to connect with the community.

Often both the teacher and community have trouble finding ways to build links to each other. Teachers may feel isolated from the community or not know how to become engaged in activities. Community members, at the same time, may feel slighted by the absence of teachers at community events. Close communities can be intimidating, and teachers may feel that they are not welcome. A variety of conditions can contribute to these feelings, making it challenging for teachers and community members to create relationships. The barriers might relate to such factors as the following:

- Teachers may be unaware of which other people are involved with their students.
- There may be problems with substance abuse.
- Teachers sometimes feel overwhelmed by the day-to-day demands of their classroom, so that taking part in community events and activities is daunting and exhausting.
- Parents may feel overwhelmed and resist involvement due to their own negative experiences with schools.
- Cultural differences can contribute to a lack of understanding between teachers and the community.
- Teachers sometimes simply do not understand the need or value in the relationship.

To support their students, teachers need to find ways to overcome these barriers.

Making the link with Yukon First Nations

Citizens of Yukon First Nations make up a significant portion of the population of the Yukon and of the student body in Yukon schools. **It is important for educators, both in Whitehorse and in the rural communities, to become aware of and understand the role of First Nations and of First Nations culture in their schools.** In all communities, establishing a relationship with people in the First Nation is an important step in connecting with the community as a whole.

The *Education Act* mandates an emphasis on the language and culture of Yukon First Nations, not just for students belonging to First Nations, but for all students in Yukon schools. Creating a school system that both engages First Nations students and teaches the values and complexities of First Nations culture is

See page R:16 in the Resources section for contact numbers for Yukon First Nation offices.

an important step in fulfilling that mandate. Yukon educators have access to a variety of resources that can assist in creating contacts with the local First Nation. Here are a few examples:

- Most Yukon First Nations have a staff person who works on education issues. The staff person, often called the Director of Education, works out of the First Nation office in the community.
- Most schools have a Community Education Liaison Coordinator (CELC) or Education Support Worker (ESW) who is hired by the First Nation to work with school staff, students, families and the First Nation.
- Consultants are available within the First Nations Programs and Partnership Unit (FNPP) in the Department of Education as a resource for teachers on matters of language, curriculum, partnerships, culture and experiential learning as well as questions of a general nature related to First Nations.
- The Council of Yukon First Nations, an umbrella organization that represents 11 of the 14 Yukon First Nations, is another source of information about issues related to First Nations.

The *Circle of Partnerships* diagram on page 1:8 lists some sources of First Nations support for Yukon teachers.

Foundations for school-community cooperation

Yukon educators face a huge challenge in trying to help students with FASD reach their potential as students and as members of their community. **It is essential that educators include the community in the framework of support they create for students with FASD.**

There are many examples of Yukon schools' building relationships with their communities. Cultural camps and bison hunts are two of the growing number of successful experiential educational activities happening with community participation. Many schools throughout the territory offer breakfast programs, with the help of parents and volunteers. The Whole Child Project at one Whitehorse school is striving to create connections with families living in the city's downtown core. Schools and the Child Development Centre, a non-governmental organization, work jointly to provide support for Yukon children with disabilities during the transition to kindergarten. The Learning Disabilities Association of the Yukon

and Special Olympics are other organizations that work closely with schools and parents to support children and youth.

Approaches to cooperation

Here are some key approaches to developing and nurturing school-community cooperation:

Develop trusting relationships

The basic component of a connection with the community is trusting relationships — relationships where there is mutual caring, trust, and respect between the parties. This is the heart of teacher-student, teacher-family, and teacher-community relationships. While this sounds simple, it is often overlooked as the first step in creating support for children with FASD.

Believe in the capacity to change

Teachers and the community must find a way to do things differently in order to meet the needs of children with FASD. In order for this change to occur, everyone involved must share a fundamental belief that the community and its members have the capacity to change.

Recognize that change takes time

The belief in a capacity to change must be tempered with an understanding that change takes time. Considered in the timeframe of a school year, change in a community seems to take forever. However, positive change cannot be rushed. It starts at the level of the individual and follows a cyclical process of assessment-reflection-creation. Positive change is more likely to happen through mutual learning and the recognition that no one person has all the answers.

Acknowledge that the community must drive change

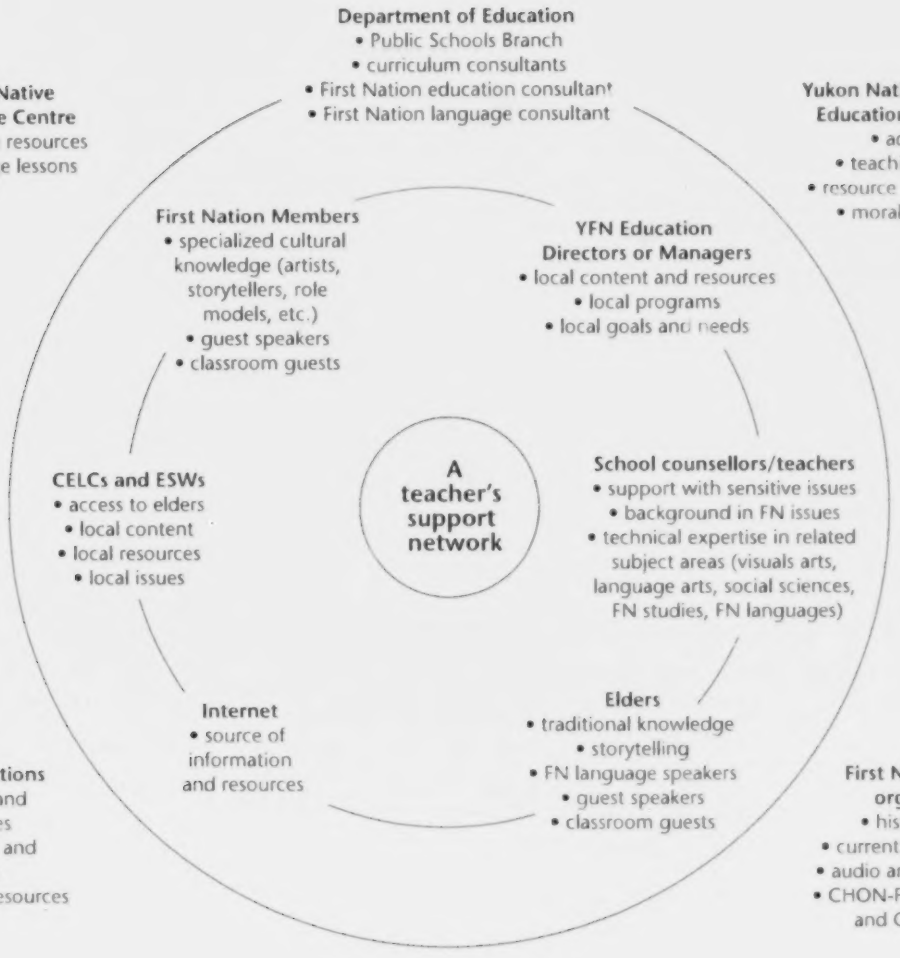
Change in a community must be driven by the community, and the school is part of that community. **Community-driven change means teachers see themselves and community members as equal and active participants, rather than seeing themselves as providers of a service separate from the community.** At times this is a difficult concept for those who were trained in a teacher-centred approach to education. In order to help, however, it is important to resist the temptation to tell people what they need to do.

Adapted from All Together Now: Creating a Social Capital Mosaic. *Francis Ricks (et al.). Vanier Institute of the Family, 1999.*

MEETING THE CHALLENGE

Without a core belief in the inherent strengths of a community and its ability to change, it will be difficult to create solutions to the challenges posed by FASD.

Circle of Partnerships



First Nation Political Organizations
- Council of Yukon First Nations
- Assembly of First Nation Chiefs
- YFN offices

Skookum Jim Friendship Centre
- local resource people, services and programs

Department of Education
- Public Schools Branch
- curriculum consultants
- First Nation education consultant
- First Nation language consultant

Yukon Native Language Centre
- language resources
- language lessons

Yukon Native Teacher Education Program
- advice
- teaching ideas
- resource suggestions
- moral support

First Nation Members
- specialized cultural knowledge (artists, storytellers, role models, etc.)
- guest speakers
- classroom guests

YFN Education Directors or Managers
- local content and resources
- local programs
- local goals and needs

CELCs and ESWs
- access to elders
- local content
- local resources
- local issues

School counsellors/teachers
- support with sensitive issues
- background in FN issues
- technical expertise in related subject areas (visuals arts, language arts, social sciences, FN studies, FN languages)

Internet
- source of information and resources

Elders
- traditional knowledge
- storytelling
- FN language speakers
- guest speakers
- classroom guests

Yukon First Nations
- local issues and perspectives
- local content and resources
- access to local resources

First Nations media organizations
- historical events
- current issues and events
- audio and visual resources
- CHON-FM; NEDAA; APTN and CBC Northbeat

Yukon Archives
- historic information
- resources

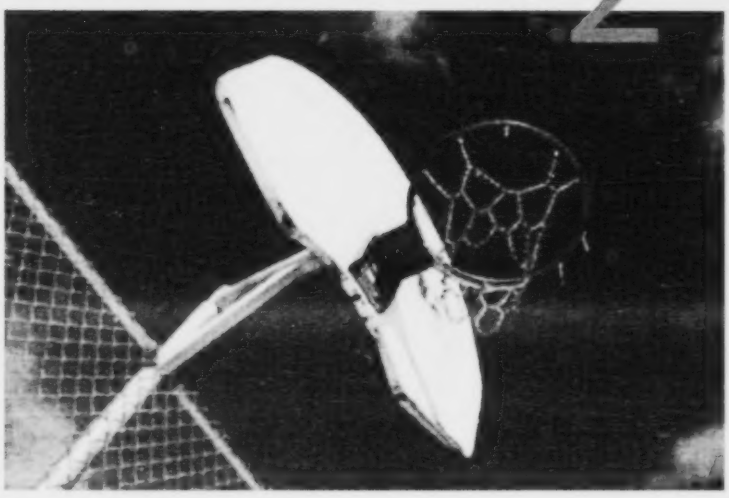
Learning Resource Centre
- resources
- videos
- kits

Cultural centres and museums
- Teslin Tlingit Heritage Centre
- Tr'ondek Hwech'in Cultural Centre
- Beringia Interpetive Centre
- local museums

Tribal Councils
- Kaska Tribal Council
- Northern Tutchone Tribal Council
- Southern Tutchone Tribal Council
- Dakh Ka Tlingit Tribal Council

Based on a diagram provided by First Nation Programs and Partnerships, Department of Education

Essential Element 2



Families and FASD

Mary Lou Canney was awarded Alaska's Department of Mental Health "Parent of the Year" award. A recovering alcoholic and single mother, she struggled to rear her children, including Ryan with FASD. After accepting the award, Mary Lou spoke directly to teachers and other professionals.

Understand the strong emotions faced by families living with FASD. Our knowledge, beliefs, judgment, and personal issues around alcohol influence our interactions with families.

She recalled an Individualized Education Plan (IEP) meeting with Ryan's teachers, where one teacher talked to her in a professional, but judgmental voice, silently blaming her for her son's struggles. Mary Lou cried as she told how, then in early recovery, it took everything she had to not relapse after the meeting.

"You have no idea how much an impact you teachers have on us," she told the group. "I've had very positive support from teachers. However, that day, that teacher's judgment cut through my self-confidence like a knife."

IN THIS SECTION

Understanding the context	2
Creating critical connections	4
Table 2.1 Partnerships	5
Successful partnerships	6
Strategies for partnerships	7
Resources and web sites	8

A crucial step in developing successful programming for a student with FASD is to understand how the effect of alcohol spreads beyond the child to affect the entire family. The educator who sees the student in the context of family, and creates a connection with that family, builds a foundation for long-term educational success.

Families are experts when it comes to their own children — they live with them 24 hours a day, seven days a week. On FASlink, an international list-serve supporting families that live with FASD, participants often complain that teachers "don't get it." They mean that the people rearing a child with FASD see different needs than those evident in a classroom. Educators and parents must work together and learn from each other to develop consistent and comprehensive support for students with FASD.

FASlink is an international list-serve supporting families that live with FASD. Go to www.faslink.org.

Understanding the context of FASD

To be effective in our interactions with students with FASD and with their parents, we must understand the context of their lives. But first, we must rid ourselves of our own feelings of judgment. **Birth parents of students with FASD are dealing with an unbearable load of shame and grief.** Often community attitudes add to the load. One research project that looked at community attitudes toward birth parents of children with FASD reported such comments as:

- She doesn't deserve children.
- She is just trying to take advantage of the system.
- If she cared about her kids, she would change.
- I stopped drinking on my own and she can too, if she would try.

Bluegrass Prevention, Lexington, Kentucky (2005): The Village Project

Instead of adding to the guilt and grief parents already suffer, teachers must be conscious of their own attitudes and biases, and resist judging the families. We all have our own struggles, some of which may be related to alcohol. Ask a few questions of yourself:

- What do I know about alcoholism?
- What do I think about a man who drinks when his partner is pregnant?
- Where in the Yukon can a woman who is drinking and pregnant get help?
- What do I think about the impact of alcohol in my community?
- What role does alcohol play in my own life?

Consider, as well, the following information about the birth mothers of children with FASD:

- Some are social drinkers.
- Some are alcoholics.
- A great many have FASD themselves.
- Many are survivors of some form of abuse.
- Many of those are survivors of sexual abuse.

When communicating with the parents of children with FASD, it is important to consider how they might be feeling and to recognize that fear and guilt are not uncommon. **Often, however, the predominant emotion expressed by parents rearing children with FASD — whether they are birth, foster, or adoptive parents — is anger**, directed at the teacher or at the school system. But right under that anger is fear — fear for their child, for the family, for themselves, and for the future.

The mothers of children with FASD, like other mothers, generally want to deliver happy, healthy babies. The damage their children suffered before birth was not inflicted with malice, intent, or even — in most cases — understanding, and may well be part of a larger tragedy that encompasses the child, the mother, and all those around them.

Parents and children face a world where hidden disabilities like FASD are not understood or generally accepted. People with invisible handicapping conditions are often stigmatized, seen as less than perfect, and because of this stigma, **children with FASD often try to cover up and pretend they understand when they don't.** They may deny the disability, which puts them at great risk in the future. Because they denied the disability, they might not be able to get the help they need to function. Parents fear what the future will bring and worry about helping their child understand and accept his or her disability.

Families rearing children with FASD face a lifetime of grief. One birth mother explained that every time her child reaches another stage in life, she faces raw grief about what might have been if she had not drunk when she was pregnant. An adoptive mother, when asked what motivated her work as a child advocate, replied: "unending, irresolvable, forever grief."

Creating critical connections

Family dynamics can make creating connections with families challenging, and teachers may feel they face an insurmountable task. However, it is crucial to invite the family to be involved with the school and accept that involvement in whatever form it comes.

Family involvement in schools falls along a continuum (Dunst 2002) from family-centred to professionally-centred. The descriptions in Table 2.1 of the different approaches used in teacher-family interactions may clarify where individual teaching practice falls along the continuum. Practices that move toward a family-focus or family-centred approach are more successful in creating positive relationships with families. This is particularly true when dealing with families of children with a disability, and critical for families of students with FASD.

Table 2.1 Types of family-school partnerships

Family-centred	Family-focused	Family-allied	Professionally-centred
Family determines service delivery	Family and professional collaborate to define what is needed	Family is the agent of the teacher	Teachers are the experts
Teachers promote parental decision-making and capabilities	Family is seen in a more positive light	Family is minimally capable of effecting change on its own	Families are seen from a deficit perspective and needing help from the professional
Strength-based approach that fosters a family's capacity to build formal and informal networks	Family encouraged to use professional networks of service	Family does what the teacher deems necessary	Family not involved in solving problems; it is done by teacher
An educator who works from each of these models might make the following statements:			
Who can we work with to help your child?	What do you see as your child's biggest challenge?	You need to do these tasks with your child.	Your son must complete his homework.
What can I do to help?	What suggestions do you have to make things easier for your child?	This is the answer to the problems your child has.	You must make your child get to school every day.
Your son has an aptitude for video games. How could we use this at school?	How can we solve this problem you have described?	You should limit the amount of time he spends playing video games.	I don't think you should let him play video games; he should do homework.

Successful family-school partnerships

Using a **family-focused or family-centred model** for students with FASD assists the educator in creating a connection with families. Successful partnerships are based on four principles.

Christenson (1999) found parents and schools work best together when a supportive partnership is present.

1. No-fault model: In this model, no blame is placed on family or school. This is a critical point when dealing with a student with FASD. Birth parents and even adoptive and foster parents may feel tremendous shame and guilt because they have a child with FASD. There are many reasons why women turn to alcohol; the birth mothers need support and compassion, not judgment and blame. Equally, it must be recognized that teaching a student with FASD has many challenges, and the teacher should not be blamed or feel guilty for not always getting it right.
2. Strength-based approach: The strength-based approach focuses on the child's strengths rather than deficits. Consider the student's strengths in both school and home settings. Both family and teachers are often surprised at what a student can do in another setting. The emphasis on a student's unique strengths allows for him or her to be seen in a positive light and provides a springboard to success.
3. Family-school interdependence: It is essential to consider the influence school and family contexts have on each other. If a child has a very bad day at school, the teacher should consider that something may have happened outside the school to influence performance. Or if a child comes home from school and behaves markedly differently from earlier in the day, then parents should consider what happened at school. Home-school communication on a regular basis is vital.
4. Family empowerment: Family empowerment through active decision-making must be an integral aspect of the partnership. The parents of a child with a disability face a lifelong job of advocating for their child. For the family that has the capacity to take on this job, the first years of school are an opportunity to learn advocacy skills. Advocacy skills can increase parent confidence and lead to positive outcomes for their child in school and afterwards.

Applying these four principles will help teachers create successful partnerships with families. Research suggests that some barriers to parent participation are within the control of schools, and that schools have more influence on parent involvement than do the characteristics of the parents. Christenson (1999) suggests that the most important influence on parent involvement comes from teachers' worldviews and how these influence their work. When teachers believe parents want to be involved, actively seek parent involvement, and are comfortable as partners with parents, they succeed in increasing parent involvement in the child's education.

Strategies that promote family-school partnerships

The following strategies may help school staff involve parents who seem reluctant to participate:

- Maintain a positive non-judgmental approach even if the response seems negative.
- Continue to invite parents to come to school even if they refuse or don't respond to invitations. Try a range of ways to contact them. In addition to letters or phone calls, see if there is a school staff member, such as a Community Education Liaison Coordinator (CELC) or Education Support Worker (ESW), who could visit the home to arrange a get-together with the teacher.
- Ask for the assistance of someone from an agency that may be involved with the family, such as a social worker or someone from the local First Nation office, and see if he or she might accompany you on a home visit (with prior notice to the family).
- Offer to meet parents at a location of their choosing, such as the community centre, First Nation office, or local park.
- Suggest parents invite someone to come to the meeting to support them — family member, friend, social worker, counselor, CELC or ESW.
- Take advantage of the opportunity to meet parents in an informal setting where their child is not a topic of conversation: for example, a community pancake breakfast. This can make it easier to make connections at a later date.
- Long-term members of the community who are employed at the school, such as educational assistants or aboriginal language teachers, may be good links with the family.

There must also, of course, be strong leadership from the school administration and support from peers if the teacher is to be effective in involving parents (Alton 2004).

Key to creating a positive and hopeful classroom environment is working toward positive and constructive relationships with families. Working with parents of students with FASD is essential – and while it may initially take more time, it will help create a basis for student success.

- Provide a single contact person at the school for parents, even if there are siblings in other classes at the same school.
- Try to partner parents with other parents who may understand the school system and how it works. They can be a source of information that may be less threatening than direct contact with teachers. School council members might be an example of resource people to consider.
- Consider the use of programs such as Effective Behaviour Support (www.pbis.org) that create a "wrap-around" support for the student and family.

Other resources on FASD

The professional library in your school has reference materials and teaching manuals on FASD; check with the school administrator or Learning Assistance teacher.

Resource Services at the Department of Education has resources on FASD. Consult the online database for current listings: www.resourceservices.gov.yk.ca.

Alcohol and Drug Services in the Department of Health and Social Services has an FASD prevention program that emphasizes prevention and education. One of their resources is an FASD Education Kit (curriculum) designed for use in high schools.

The Fetal Alcohol Syndrome Society of Yukon is another excellent resource for information related to FASD. You can contact them at:

Fetal Alcohol Syndrome Society of the Yukon (FASSY)
867-393-4948
4230 4th Avenue (Yukon Inn Plaza)
Box 31396, Whitehorse, Yukon Y1A 6K8

Recommended websites

- FAS/E Support Network of B.C. — www.fetalalcohol.com
- FASD Connections — www.fasdconnections.ca
- FASworld Canada — www.fasworld.com
- FASD Tool Kit — www.ccsa.ca/toolkit/introduction.htm

For further information, check the Resources section at the back of this manual.

Essential Element 3

IN THIS SECTION

A different approach	3.1
On trying hard	3.2
About expectations	3.3

Trying a different approach

Bill, a grade 5 student with FASD, lost his temper several times a day. He got mad, threw his papers, knocked his desk over, and generally turned the classroom into chaos. The teacher was exasperated in her attempts to turn this behaviour around. During a private conversation with Bill, she simply asked, "What do you get when you throw a fit?". Bill answered, "Everybody looks at me."

Realize that children, like adults, do the best they can with the understanding they have. When they repeatedly make the same mistakes, you need to take a different approach.

The teacher realized that Bill was usually ignored by his peers until he threw a tantrum. She asked,"Bill, do you want me to teach you how to make friends?" and the answer was a tearful, "Yes."

After she assisted Bill with basic social skills and paired him with carefully selected and trained peers for activities and recess, his temper tantrums stopped.

Children with FASD do not purposefully choose to go to school and make the same mistakes (academic, behavioural, or social) that they have been making for some time, just to get in trouble or make the teacher angry. They don't want to feel embarrassed or stupid, or become socially isolated. Unfortunately, many children with FASD are treated as though their behaviour is intentional. In reality, they are doing the best they can with the understanding they have.

Now consider yourself in the classroom with a student who is not progressing. You may feel frustrated. You may feel inadequate as a teacher. Then consider: **if the student has FASD, the instructional tools may not be appropriate.** Like the student, you may be doing the best you can with the understanding you have.

In both situations, the solution is not for the student or teacher to try harder. They need to try something different.

In addition to feeling as though they are failing to meet the expectations of those around them, students with FASD can develop unrealistic expectations of themselves and feel like failures on a personal level.

On trying hard

A person's "best" may differ from day to day. Think about being sick with a bad cold. You're trying to finish a project, but it is not coming out right. If you really concentrate, focus, work hard, you might get the job done, but you cannot really work at that level of effort all the time.

Similarly, a student with FASD can accomplish a project quickly and with less apparent effort one day and be unable to perform at the same level on another project or another day, but it does not mean the student was trying harder the first time.

The student with FASD probably hears a teacher or friend say, "You could do this if you only tried harder." Because the student does not understand the way his brain functions, he believes it when he is told he should be able to do better.

About expectations

Adults, teachers, parents, neighbours, and other people who have contact with children but don't know them intimately often project a judgment or expectation based on a student's physical appearance. Research studies have shown the better-looking a student is, the higher the expectations. Conversely, when we see a child with obvious physical deformities, we tend to have more compassion and understanding, adapting our expectations.

Most individuals with FASD have no obvious physical deformities. It is easy to believe that they could do better if they just tried harder. Their disability simply does not show on the outside.

Many students with FASD have a slow cognitive pace, due to the struggle faced by their brains in trying to process information accurately. They may still be trying to understand a word or phrase when the teacher has moved on to other things. Studies indicate that in a verbal-only instructional setting, students with FASD may understand only every third word.

To an educator unfamiliar with FASD, **this slow pace may look like lack of interest or passive resistance. It is neither.** The student needs slower instructions, concrete language with visual cues and reminders, and adjustment of timelines and expectations for success now and in the future.

When a student with cognitive disabilities has the help he or she needs in one setting and seems to be doing well, it is tempting for educators to generalize and expect the student to perform that well all the time.

The booklet entitled *Trying Differently: A Guide for Daily Living and Working with FASDs and other Brain Differences* is based on the approach suggested here. It is an excellent resource for Yukon teachers and is available from FASSY or the Department of Education. See page R:13.

Helping students retain information

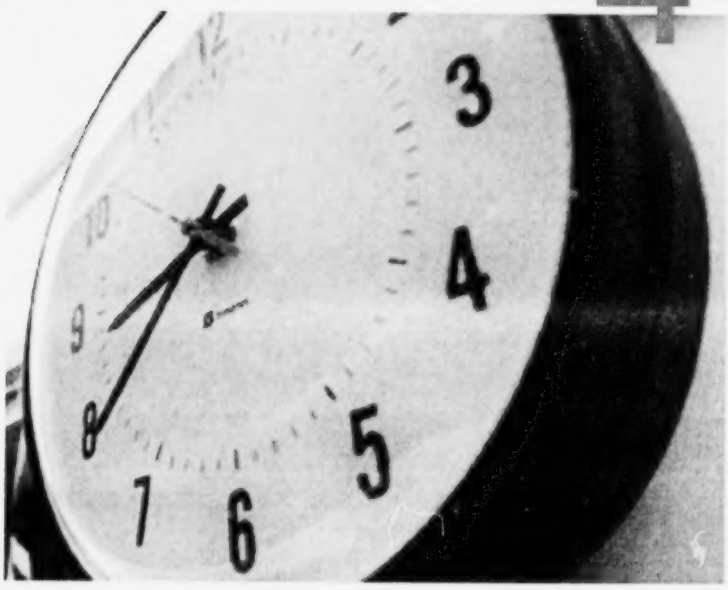
Students with FASD do not always transfer what they have learned in one setting to other settings, and they are often unable to perform the same task as well on different days.

Research shows that when a student is very interested in a subject or activity, it is easier for him or her to remember the material learned. Some educators mistakenly think that students with FASD only try when they want to.

Students with FASD try all the time. They have a better chance of succeeding, however, if material is interesting and is presented in an emotionally positive learning environment. This facilitates retention and storage in long-term memory.

The approach outlined in Essential Element 3 may seem simple, but it can provide educators with an important way to modify their teaching practices to meet the needs of students with FASD.

Essential Element 4



IN THIS SECTION

Why is structure important?	4.2
Routine and habits	4.3
Structure vs. control	4.3
Changes in structure	4.4

Establishing structure

A couple came to me who are planning to adopt two children with FASD. They said that they knew that FASD is a difficult diagnosis and the prognosis for adult life can be dim. However, "we believe in miracles," they said. I answered, "The pathway to a miracle is through structure."

Wes Hill, psychologist

Put structures in place for success, and teach habit patterns as the pathway to understanding. The need for structure is lifelong for a person with FASD.

Why students with FASD need structure

For a person who can see similarities and differences easily, minor changes may hardly seem significant; for the student with FASD, change may present major problems. For example, an educator may decide to change the classroom routine one day and not understand why the student with FASD seems so anxious. The ability to generalize information from one setting to another requires what Jan Lutke, an FASD specialist from British Columbia, calls "moveable parts in the thinking

The only freedom is within structure.

Maria Montessori

process." Students with FASD are highly rigid thinkers. Without the ability to generalize learning, these student may be unable to figure out what will happen next when one piece of the daily schedule is changed.

The following story illustrates the importance of paying attention to small changes in a child's routine at home, school, or in the community. Doreen, a mother in Fairbanks, Alaska, remembers a time when she decided to clean and rearrange her living room after her son Jon, who has FASD, was in bed asleep for the night. The next morning, Doreen woke up to the sound of Jon sobbing. She hurried from her bedroom into the living room, and discovered Jon standing next to the couch. He had urinated on himself because, as he said, "I can't find the bathroom."

The key to helping students with FASD cope with change is to create structure and routine that accommodate their learning differences.

Why is structure important?

Jan Lutke makes an analogy between structure and insulin: structure for the person with FASD is as insulin is to the diabetic. Structure allows the person with FASD to behave in appropriate ways just as insulin allows the diabetic to metabolize sugars.

Dr. Sterling Clarren coined the phrase "external brain" to describe the level of supportive interventions needed to help a student with FASD make it through daily life. For the person with a high level of need, the external brain is provided by direct supervision. Structure is another way to provide an external brain for a person with FASD. A student with FASD will be more successful in a classroom that provides a high degree of structure and routine.

Routine and habits

Structure is based on extremely consistent routine. **Consistency in the routine is essential** and, over time, creates habit patterns the person with FASD can recognize and follow. Habits allow people with FASD to be more independent and successful in their daily lives.

One approach to providing structure in your classroom is to examine the classroom environment in light of the abilities and challenges of your student with FASD. A Support Plan for the Environment provides a structured approach to examining how you can modify the environment to ensure success for your student.

When teachers hear the word "structure" they often interpret it as "control." There is a big difference, however, between structure and control.

Structure is a framework that supports or reinforces positive behaviour. Structure allows the student to move, step by step, through the process of learning. If the student stalls or fails at one stage, the structure can be adjusted to help him or her succeed. Structure gives the student a clear path to the goal, road signs to point the way, and support wherever it is needed.

Control focuses on the outcome and permits no flexibility in the path taken or the destination to be reached. Where structure supports, control coerces. The student is dragged along the path to the goal, whether or not his feet are touching the ground along the way. Touching the ground along the way — learning the path to a skill — is particularly important for individuals with FASD since they may have to relearn a skill many times.

In a structured learning environment, failure to accomplish a task or learn a skill is regarded as a sign that the student is not yet competent in that task or skill and that he or she may need more time or a different approach to achieve competence. In a controlled learning environment, the same kind of failure is regarded as a refusal to comply with the learning process, instead of an inability to follow it.

See page R:14 in the Resources section for a sample Support Plan for the Environment.

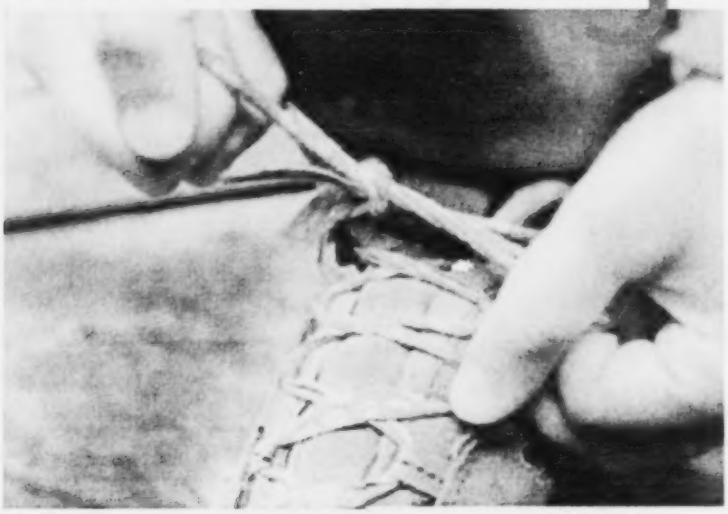
When I go to a school and the teacher tells me the student's behaviour has significantly deteriorated, seemingly for no reason, the first thing I ask is "What has changed?".
Deb Evensen

Dealing with changes in structure

People with FASD find it helpful to prepare for changes in routines — however small the changes — before they occur. The following strategies can help.

- If steps in a routine are changed, the individual who does not generalize sees it as a whole new routine. Don't skip portions of routines or combine routines. If a routine is interrupted, start the routine from the beginning.
- Let the student know of an impending change in his or her daily schedule, such as a fire drill, a field trip, or a classroom guest. Provide clear, concise, concrete, and short instructions on how to prepare for the change.
- Ensure clear instructions are left for substitute educators on how to manage students with FASD. If possible, prepare the student for your absence.
- Create a schedule that students with FASD can refer to frequently so that they know what to expect. A visual schedule may be useful to help the student visualize and understand upcoming activities. **See Essential Element 8**. Review the schedule throughout the day.
- Help the student organize materials required for the next activity. Colour-coding material is one way to make it easier for the student to sort and organize.
- Prepare the student for changes in structure using social stories or comic strip conversation. **See Essential Element 10.**

Essential Element 5



Observing behaviour

Sammy, a grade two student with FASD, was on a schedule of full-inclusion in a regular classroom taught by a highly skilled teacher who valued creativity. However, by the third month of school, Sammy was "throwing a fit" almost every afternoon in school. Following the school's behaviour management system, Sammy was put on a behaviour program. When he had a good day at school, he came home to free time and a reward. When he got in trouble at school, he was sent to his room at home.

When an academic or behaviour support is not working with a student with FASD, use S.O.A.P. (Stop action. Observe. Assess. Plan.)

After three weeks of this program, with no apparent change for the better, an FASD specialist was called. The specialist suggested that they first, Stop Action and then, Observe what else was happening.

The mother and FASD specialist spent two days observing Sammy in the school environment. They discovered, to their amazement, that whenever the teacher was using concrete language, simple terms, and pictures to illustrate what the students were to do, Sammy was right on task. However, when

IN THIS SECTION

S.O.A.P:

S = Stop action	5.2
O = Observe	5.2
A = Assess	5.3
P = Plan	5.3

the teacher began using many words or changed the structure, Sammy was lost instantly. The mother said she could almost see the tension build in Sammy. By late afternoon, after an unstructured lunch recess, he would often explode in a fit of rage and frustration.

Working as a team, the teacher, FASD specialist, and parent found ways to make Sammy's life more concrete. **The teacher kept to her simple daily schedule and provided plenty of visual cues.** During lunch and recess, structured activities were designed for those students, including Sammy, who needed extra help.

A change was noticeable almost immediately and, within days, Sammy's tantrums were almost nonexistent.

When things are not working, use a little S.O.A.P.

S = Stop action

If a student with FASD is finding it frustrating or difficult to do something, stop the activity.

O = Observe

The dictionary defines "observe" as to be or become aware of, especially through careful and directed attention; notice; or to watch attentively. Observing a child's actions in a busy classroom can be difficult; it is essential, however, especially if the situation involves conflict with the child or you are feeling frustrated or upset.

Observation that leads to a successful outcome involves:

- ensuring your observation is not clouded by judgment; e.g., "If he tried harder he could do that."
- considering all environmental influences. Take note of input from all the senses — what the child hears, sees, and feels. See the world through the child's eyes.
- considering the child's feelings of fatigue, hunger, anxiety, or fear.
- considering what the child's behaviour accomplishes.

See Essential Element 6 for more information on assessing behaviour.

- using information teachers are trained to consider during observations, such as on/off task behaviour, task antecedents and consequences.

A = Assess

Assess your observations of a child's behaviour in terms of differences in his or her brain function. The child is not being bad; the brain is damaged.

Assess behaviour in terms of the child's academic strengths and challenges and learning profile. Assess behaviour in terms of how realistic your expectations are for an individual with FASD.

Heather Carmichael Olsen (Families Moving Forward project, University of Washington) uses the term "reframing" as an important tool for teachers to use when dealing with students with FASD. Reframing sees negative actions in terms of the child's brain dysfunction. This can help teachers and parents see the child in a different light and lead to a more positive interpretation of the action and ultimately to positive outcomes for the child.

For example, a child with FASD was told of the rule about no pushing in the classroom He did not push in the classroom. Out in the playground, however, he frequently pushed his classmates. When reprimanded for breaking the rule, the child was adamant he had not broken it — "I did not push in the classroom!". From his perspective, pushing on the playground was different from pushing in the classroom. **Such behaviour can be reframed: this is not a child who breaks rules and defies authority; this is a child who is unable to generalize information from one setting to another.** Instead of being punished for breaking rules he or she can be taught places where the same rule applies. This will bring a positive outcome.

P = Plan

Successful plans are creative. They clarify what needs to be done to provide for the child in a challenging environment. If the child is viewed as someone who can't — rather than won't — do a task, planning can incorporate a new set of possible solutions. Accommodating children, rather than trying to change or "fix" them, means a greater likelihood of success.

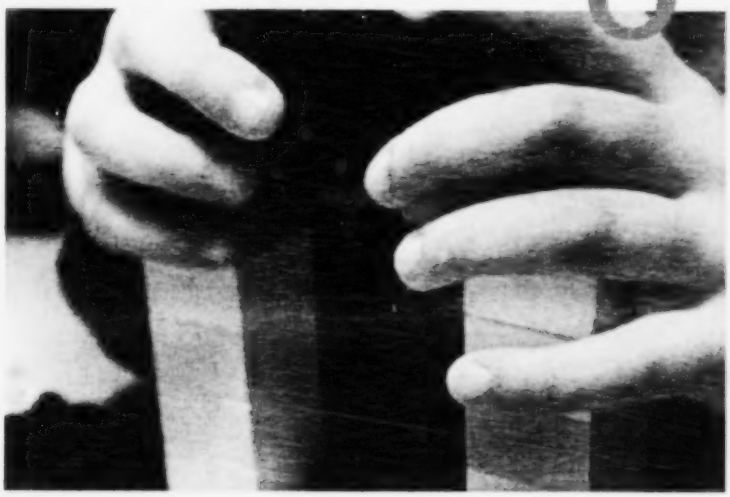
It can be helpful to have another person — someone not intimately involved in the situation — observe what is happening. Talk to your Learning Assistance Teacher or administrator for some help.

See Essential Elements 4, 8, and 10 for more detail on these three approaches.

Some basic accommodations include:

- adequate levels of supervision;
- use of structure and routine; and
- use of language that is appropriate to the child's learning profile and learning style.

Essential Element 6



IN THIS SECTION

Learning Theory	6.1
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Packaged discipline programs	6.4
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Interpreting behaviour

Rob was working in a vocational-training program and had saved money to pay cash for a used car. I was bragging to his teacher about his achievements when Rob rudely interrupted me, several times, to adamantly declare that he had not paid cash for the car. After arguing with him, I finally stopped and asked "Rob, what do you mean?". Rob answered "Mom, remember I didn't pay cash; I wrote a cheque!".

Consider misbehaviours in students with FASD (such as inattention and lying) as coming from lack of understanding, rather than non-compliance.

Barb Wybrecht, parent of a child with FASD

Learning Theory and FASD

According to Learning Theory, a behaviour will be repeated or, alternatively, reduced based on the positive or negative consequences of such behaviour. The principles of Learning Theory provide the foundation for academic and vocational training and discipline or behavioural management programs in nearly all school programs today.

Learning Theory assumes that the individual student is capable of doing the following:

- learning a rule or principle (e.g., respect others);
- understanding the underlying concepts of that rule;
- remembering the rule; and
- generalizing these principles to many new and different situations.

Typical students easily understand the abstract social concepts underlying a rule and are able to remember and follow the rule, because it is the right thing to do. Once a behaviour is learned, the typical student is able to continue practising the behaviour, remember what has been learned, and generalize it to other situations.

Many students with FASD repeatedly get into trouble for the same behaviour, and educators may get frustrated that the students never learn from their mistakes. Some of this frustration can be eased by understanding the effect that prenatal exposure to alcohol has on the learning and behaviour of students and reframing our expectations for them.

When individuals with FASD try to do what is expected of them, they meet the enormous obstacle of "information processing deficits." **They are often unable — not unwilling — to fully interpret instructions. They are equally unable to consistently retain information already learned and put it to use in real life** or generalize the same information to new situations. These students find themselves constantly in trouble without understanding why.

In some situations behavioural challenges may result from a mismatch between the child's chronological and developmental ages, or from teaching strategies that are inappropriate for children with FASD. People with FASD are developmentally younger than their chronological age. As well, the cognitive challenges associated with abstract concepts, generalizing information, cause and effect, and memory mean they have a social understanding far below their chronological age.

This is an important concept for an educator to understand and provides the key to developing strategies that actually work for their students with FASD. This perspective also highlights the extent of the student's disability and just how hard he or she is trying.

The following two tables provide the educator with information to consider when dealing with students with FASD.

Chronological age	Developmental age
Age 5 • go to school • follow three instructions • sit still for 20 minutes • interactive, cooperative play, share • take turns	**Age 5 going on 2** • take naps • follow one instruction • active, sit still for 5–10 minutes • parallel play • my way or no way
Age 6 • listen, pay attention for an hour • read and write • line up on their own • wait their turn • remember events and requests	**Age 6 going on 3** • pay attention for about 10 minutes • scribble • need to be shown and reminded • don't wait gracefully, act impulsively • require reminders about tasks
Age 10 • read books without pictures • learn from worksheets • answer abstract questions • structure their own recess • get along and solve problems • learn inferentially, academic and social • know right from wrong • have physical stamina	**Age 10 going on 6** • beginning to read, with pictures • learn experientially • mirror and echo words, behaviours • require supervised, structured play • learn from modeled problem-solving • learn by doing, experiential • developing sense of fairness • easily fatigued by mental work
Age 13 • act responsibly • organize themselves, plan ahead, follow through • meet deadlines after being told once • initiate, follow through • have appropriate social boundaries • understand body space • establish and maintain friendships	**Age 13 going on 8** • need reminding • need visual cues, modeling • comply with simple expectations • need prompting • kinesthetic, tactile, lots of touching • in your space • forming early friendships

Table 6.1. Appropriate expectations according to chronological age and developmental age

This table compares standard behavioural expectations for chronological ages and contrasts them with actual developmental age abilities often seen in children with FASD.

Table 6.1. continued

Chronological age	Developmental age
Age 18 • on the verge of independence • maintain a job and graduate from school • have a plan for their lives • relationships, safe sexual behaviour • budget their money • organize, accomplish tasks at home, school, job	**Age 18 going on 10** • need structure and guidance • limited choices of activities • live in the "now," little ability to project • giggles, curiosity, frustration • need an allowance • need to be organized by adults

Packaged discipline programs and FASD

Many schools base their school-wide discipline program on a packaged discipline program such as *Assertive Discipline* by Leo Canter or *Positive Discipline* by Jane Nelson. These programs work well with students who do not have brain injury, but lack the basic foundation for those with FASD.

See D. Evensen: "Working with Adolescents in High School: Techniques that Help" in *Fantastic Antone Grows Up*, Kleinfeld, J. University of Alaska Press, 2000

The student with FASD, unable to understand the deeper, abstract principles, learns only to try not to get into trouble (e.g., be in your seat) in a specific teacher's class. **Punishment may be the main intervention or enforcement procedure for many school discipline programs.** It allows limited opportunity for teacher discretion or accommodated learning for a student who doesn't understand. If teachers are faced with a situation that doesn't fit the discipline program, it is tempting to just look the other way. For students with FASD this unpredictable environment increases their stress level exponentially, setting the stage for additional acting-out behaviours without learning what was expected.

Behaviour	misinterpretation	accurate interpretation
Non-compliance	• willful misconduct • attention-seeking • stubborn	• difficulty translating verbal directions into action • doesn't understand
Repeatedly making the same mistakes	• willful misconduct • manipulative	• can't link cause to effect • can't see similarities • difficulty generalizing
Not sitting still	• seeking attention • bothering others • willful misconduct	• neurologically-based need to move while learning • sensory overload
Doesn't work independently	• willful misconduct • poor parenting	• chronic memory problems • can't translate verbal directions into action
Does not complete homework	• irresponsible • lazy • unsupportive parents	• memory deficits • unable to transfer what is learned in class to a homework assignment
Often late	• lazy, slow • poor parenting • willful misconduct	• can't understand the abstract concept of time • needs assistance organizing
Poor social judgment	• poor parenting • willful misconduct • abused child	• not able to interpret social cues from peers • doesn't know what to do
Overly physical	• willful misconduct • deviancy	• hyper- or hypo-sensitive to touch • doesn't understand social cues regarding boundaries
Stealing	• deliberate dishonesty • lack of conscience	• doesn't understand concept of ownership over time and space • immature thinking ("finders keepers")

Table 6.2. Common misinterpretations of responses in students with FASD

This table looks at responses that are typical of students with FASD and how they are routinely misinterpreted.

Table 6.2. continued

Behaviour	misinterpretation	accurate interpretation
Lying	• deliberate • sociopath behaviour • lack of conscience	• problems with memory and/or sequencing • unable to accurately recall events • try to please by telling you what they think you want to hear
Self-centredness	• selfishness • only cares about self	• only see the superficial or concrete level of social behaviour • doesn't link cause and effect
Volatile	• poor parenting • aggressive nature • short-tempered	• exhausted from stress of trying to keep up • extremely over-stimulated
Inconsistent performance	• manipulating • sneaky • not trying hard enough	• chronic memory problems • inability to generalize learning from one situation to another
Unmotivated	• poor parenting • lazy • doesn't care	• can't project into the future and see what will happen • doesn't connect today's decisions with future opportunities • doesn't understand cause and effect

Adapted from Deb Evensen, 2000

Leave nothing to chance or guesswork. You need to be very specific with students with FASD. Think how you would address this subject with very young children. Be very direct.

Table 6.3 Managing social-behavioural issues

Get to know the child/ youth and his or her needs	Teach the child the appropriate words to identify his or her feelings. Feelings are abstract, so the student with FASD needs to use body cues – e.g., the look on a person's face when angry, sad, etc., or what your stomach feels like when you are scared, etc.
Ensure personal safety	Teach what to do instead of what not to do; e.g. say "walk" instead of "don't run." Learn to identify and avoid dangerous situations. Practise "what-if" situational role-playing. Be very specific: identify what buildings are safe (e.g., a store, rather than a bar). Practise skills in real-life settings. Help set up safe adult supervision with members of the community, so that children with FASD are never left unsupervised.
Respect personal boundaries	Teach about personal space and appropriate distances from others. Be very specific, using visual and kinesthetic cues. Practise in real-life settings. Train the child about what is appropriate or inappropriate touching (e.g., hitting). Put tape around the floor of each child's desk so that other children know they never enter the space belonging to another child without his or her expressed permission. This is a very important rule as it sets the stage for understanding personal boundaries (see page 6:8).

Many children with FASD have difficulty managing their behaviour in social situations. In the school setting, this can have profound implications for how the child makes friends and is accepted by his or her peers. The strategies outlined in Table 6.3 are aimed at promoting successful behaviour in social situations.

Additional information can also be found in the teaching manuals from Alberta (Chapter 4); Saskatchewan (Chapter 8); and Manitoba (Section 5). See the Resources section, pages R:11 and 12.

Respecting other people's property

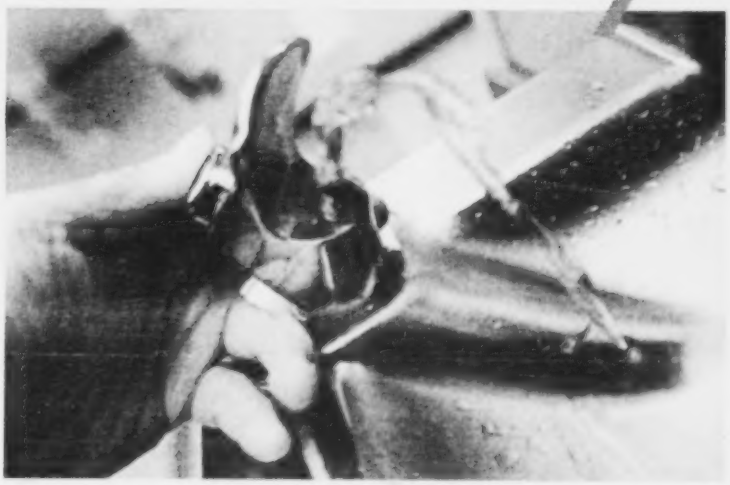
Children with FASD need to develop the habit of respecting other people's personal space and boundaries for their own safety in adult life. It is never too early to start teaching them this skill.

Teach the ownership concept by marking each child's possessions with a symbol that stands for that child alone. If that possession does not have the child's symbol (or name), it does not belong to the child. Mark each child's possessions with his or her symbol.

Teach children how to ask about borrowing something, and practise the words. These words can become part of the school rules. If each grade uses the same words, students with FASD do not have to generalize in order to comply with the rule.

Students with FASD face many challenges in school. Some of these challenges relate to difficulties with academics. Other challenges, which are no less significant, are those related to social situations. All of these obstacles are caused by prenatal alcohol exposure and the resulting **primary and secondary disabilities (see the Introduction)**. This section provides the educator with a basic understanding of why these challenges occur and strategies for dealing with them in the classroom.

Essential Element 7



The physical environment

Students with differences in brain function, such as those caused by FASD, often react to the physical environment of the classroom differently than their peers. Part of the reason for this different reaction could be how these students perceive and process information from the classroom environment. This is known as sensory integration.

Understand how sensory input and sensory processing affect a student's ability to be successful in the school environment.

Sensory integration is our ability to take in, sort out, and connect information that we receive from the body and the environment, and then interpret, organize, and execute a response to the input. The sensory information can come from what we see, hear, taste, smell, or touch, or from body position in space or movement.

IN THIS SECTION

Sensory information	7.2
Deep pressure activities	7.2
Movement and activities	7.3
Problems and remedies:	
Table 7.1 Hearing	7.6
Table 7.2 Vision	7.7
Table 7.3 Immune system	7.8

If you have questions about sensory processing, the occupational therapist and physiotherapist in the Department of Education's Special Programs section are available to answer them.

Processing sensory information

Students may be over-reactive or under-reactive to the sensory stimulus in their environment, and **this can affect their ability to be successful in the school environment.** Examples of over-sensitivity to the environment are distress with sounds, sensitivity to light, or agitation when bumped by someone in a class line-up. Examples of being under-reactive are lack of attention to the environment, a need for constant movement, being unaware of painful bumps or bruises, and lacking fear of heights.

Students with difficulties processing sensory information can display the following traits:

- unsure of body position;
- poor at planning movements;
- poorly coordinated or difficulty learning new motor tasks;
- easily distracted by what they see, feel, or hear, and therefore have limited attending skills;
- highly active; or,
- under-aroused with a low activity level.

Working with students with FASD

The following suggestions may be helpful in working with students with FASD who have difficulty processing information from the senses and/or problems with fine and gross motor skills.

Deep pressure activities

Proprioceptive activities provide students with deep pressure or input through the large muscles and joints of the body. These activities help them know where their body is in space and how to move it effectively. They can also have a calming effect. Here are some example of deep-pressure activities:

- pulling or pushing carts with added weight, like heavy books;
- catching and throwing heavy balls, bean bags, etc.;
- carrying heavy items such as books, boxes, etc.;
- pulling apart toys (such as snap beads, Lego);
- pounding and rolling play dough;
- body stretches: e.g., yoga;

- heavy exercise, such as push-ups, sit-ups, wall push-ups, jumping;
- hanging from monkey bars;
- pushing against a wall or another person, or pushing your hands together;
- gross motor activities (walking or hiking with a heavy backpack, biking up a hill, obstacle courses, stretching exercises); and,
- massage.

Movement and activities

Regular movement breaks throughout the day allow students to practice using their bodies in different ways and in different positions, help alert the nervous system through the change in position and the movement itself, and help those students who need movement to stay alert so they can focus their energy on learning. **The following activities provide stimulation of the vestibular system:**

- bouncing on kangaroo balls, therapy balls, old mattresses;
- swinging on swings;
- spinning on swivel chairs, scooter boards, or tire swings;
- rocking on rocking horses, rocking chairs;
- walking, running, hiking, swimming;
- rough-housing and play-wrestling; and,
- using playground equipment such as slides and teeter-totters.

Environmental adaptations

Try to be aware of the physical environment (classroom, gym, etc.) and of stimulation of the senses (touch, sound, and sight) that might disturb the child with sensory processing difficulties:

- Large rooms without carpeting (e.g., gyms) tend to have an echo that can be disturbing to children with auditory sensitivities.
- The sounds of fans, air conditioners, and humming lights can also be disturbing.
- Artificial lighting can be stressful for a child with visual sensitivities, as can a cluttered environment.
- Too hot or too cold temperatures may be enough to cause a child to shut down.

The vestibular system refers to structures within the inner ear that detect movement and changes in the position of the head.

Whenever possible, make accommodations to decrease the negative effects of the environment.

Fidget toys

Fidget toys are objects students can manipulate in their hands without having to attend visually to the object and without distracting the other students. Some examples of fidget toys are stress balls, Koosh balls, bendable toys or pencils, and Silly Putty.

They can help students focus on listening to the teacher and prevent their searching for ways to move or touch objects or people. However, not all students respond positively to them.

Allowing students to doodle may also be beneficial, as long as it is evident that they are paying auditory attention.

Wiggle cushions and exercise balls

Wiggle cushions and exercise balls are also excellent tools for allowing students who need movement to achieve a constant amount of subtle movement without being disruptive to their peers. **It may decrease their need to get up, change positions, or otherwise seek out sensory stimulation.**

Wiggle cushions and exercise balls should only be used for 20-30 minutes at a time to prevent habituation and/or fatigue.

Positioning

Positioning is vital for learning, as well as for the development of motor skills. A desk and/or chair that is too large or too small will not provide appropriate support for printing and other table-top activities. Inappropriate positioning can lead to pain and fatigue in postural muscles if students have to compensate (e.g., neck strain, sore back).

A student who is not well supported will have to expend more energy and attention to remaining in an upright position, which will decrease the ability to focus on learning.

Have a quiet place for individual seat work.

Create a calm classroom atmosphere and include a quiet corner with a beanbag chair where the child can go to look at books or listen to music.

Children with FASD may have physical challenges to deal with resulting from the effects of alcohol on their bodies. Their physical challenges or medical fragility may pose additional challenges to including them in the routine of the classroom, in part because of the equipment and technology they might use.

The physiotherapist and occupational therapist in Special Programs can assist classroom staff in these areas. **Liaison is often required with the child's medical support systems – public health nurse, family doctor, or specialist clinics in large centres such as Vancouver or Edmonton.** This liaison is often done by the physio or occupational therapist and your input as an educator is invaluable. Providing this information takes time and effort on the part of the educator but it results in more effective educational programming.

Adapted from Kindergarten Teacher's Guide to the Sensory Universe, Melissa Croskery, Occupational Therapist, Special Programs, Yukon Department of Education, 2005. Available through Special Programs.

Physical abnormalities

Children with FASD may have physical problems that have implications for learning and require some type of accommodation by the classroom teacher.

Tables 7.1, 7.2, and 7.3 list potential problems and classroom remedies.

Table 7.1 Hearing problems and remedies

Child	Teacher
Should look at teacher; pre-arrange a physical cue (e.g., raise a finger) to denote "I am listening"	Refer student to Hearing Services for assessment
May require extra time to process verbal information and may need repetition(s)	Place student away from noise sources (computer, pencil sharpener, doorway to hall) and close to teacher and peer helper
May miss school a lot or have frequent ear infections	Give clear, short instructions and repeat if necessary, paired with visual prompts
May fatigue easily	Wait to get eye contact before speaking
May have articulation problems and/or auditory discrimination and processing problems	Note frequency of ear infections and absenteeism, discuss with parents and nurse; be aware of fluctuating hearing loss with ear infections
May require hearing aid, personal or classroom amplification system, or appropriate technological and academic support, depending on extent of hearing loss	Keep close monitoring of progress and daily activities
	Use adaptive techniques to individualize (and have access to) curriculum

Communication and reading comprehension difficulties due to hearing or vision problems **will contribute to a delay in language acquisition and development** for children with FASD.

Table 7.2 Vision problems and remedies

Child	Teacher
May have some vision problems; corrective lenses may not be helpful	Place student near teacher and board, visual aid, chart, or material to be copied
May require more time to read and learn from the visual aids	Make printing/lettering on board larger; may have to use large-print books
May be sensitive to bright and/or fluorescent lights	Break up reading and eye-hand coordination tasks to prevent fatigue
Eyes may tire easily when doing reading or detailed work	Put less printed material on page/assignments (e.g., 5 items instead of 15)
	Watch for sensitivity to lights, particularly fluorescent types
	Limit fine motor tasks; choose tasks carefully depending on the child's ability and vision
	Keep close monitoring of progress and daily activities
	Utilize adaptive techniques to individualize (and access) curriculum
	Extra assistance may be required in the form of a teacher aide
	Consult with specialists (medical and educational) to determine whether special visual aids/technology for the student with limited vision may be required

These tables are adapted from Saskatchewan Learning (1996).

Table 7.3 Immune system problems and remedies

Child	Teacher
Is frequently ill and/or absent	Break up tasks into small parts and allow productive breaks
May be allergic to various things	May need extra individualized assistance and/or extra review to catch up
May be on medication for allergies, illnesses	Be aware of seasonal or allergic reactions for the child; avoid situations which may aggravate these allergies
May exhibit a lack of energy, hyperactivity, inattentiveness, irritability	Be aware of any medication the child is taking and how often

Note: Be aware that **medications used to manage allergies or hyperactivity will often affect the overall health, well-being, and performance of the student with FASD.** For example, is the child eating and sleeping enough? Ritalin and some allergy medications are sometimes associated with a lack of appetite and disturbed sleep patterns.

Essential Element 8

Using concrete language

Jack, a high-school-age student with FASD, was participating in sponsored job training. Afternoons were spent at the local rental car agency, cleaning out returned vehicles. On the first day of work, the resource teacher had carefully explained to Jack that the job training placement would continue "up until May 10."

Jack did well in his internship and had earned an A. In preparation for the transition out of the placement, the resource teacher helped Jack write a nice thank-you letter to the agency.

Talk to students with FASD so they understand – use concrete language.

Then, on the morning of May 10, Jack's mother received a phone call from the frustrated resource teacher telling her that Jack was "falling apart for no reason." After all his success, Jack had "absolutely refused" to go to work on this, the last day of work.

The mother picked Jack up from school, calmed him down, and then listened to him long enough to find out where he was stuck in his thinking. Jack explained to his mother that he was only supposed to go to work "up until" May 10 and did not understand why the resource teacher was trying to embarrass

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him by having him show up at work, even after he had written a nice letter and said goodbye. He said, "Mom, I would be just so embarrassed!"

When parents and teacher understood that Jack's problem was not one of non-compliance, but simply a concrete interpretation of an abstract idea, Jack's behaviour made sense. Jack still earned his A.

The key to understanding how someone with FASD thinks and learns differently from typical students is through an understanding of concrete language. Simply put, we need to talk with students in concrete terms.

Concrete vs. abstract

Concepts are concrete when they name a real thing or group of things. Concepts are abstract when they express a quality apart from an object: e.g., "Be a good girl" or "Clean up your room" or "Get in line." Abstract concepts cannot be measured.

A person who has the brain injury of FASD has difficulty understanding abstract concepts.

Students with FASD have permanent difficulty with the input, integration, storage, and retrieval of information. In the light of that challenge **it is easy to understand why they have such difficulty understanding and making sense of daily life, which is almost entirely based on understanding abstract concepts.** Consider the following information about abstract concepts:

- All words that have to do with emotion are abstract.
- Social expectations and most rules for behaviour are abstract.
- Most school discipline plans are abstract: e.g., after-school detentions for disrespectful behaviour.
- Understanding and managing time and money, including future planning, are abstract.
- What we consider to be common sense involves using abstract concepts in an appropriate way.
- Most humour is based on having a good comprehension of abstractions and the mores of society.
- Cultural innuendos are abstract.

To further complicate their difficulty understanding abstract concepts, people with FASD often talk better then they think. When talking, they often use abstract concepts that they do not always understand. The discrepancy between understanding abstract ideas and the ability to use the words associated with abstract ideas is a permanent difference and cannot be remediated.

The biggest mistake many professionals make in working with students with FASD is thinking that, because they said it, they are capable of doing it without ongoing assistance. They may be able to "talk the talk" but need help in "walking the walk."

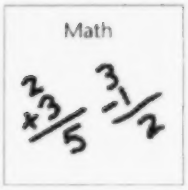
Using concrete language

A good example of using concrete language is to consider how you might talk with young children. If you don't know what to say, ask yourself how you would explain this subject or direction if the student was much younger. Concrete language can be measured or observed. Instead of saying, "Be a good girl" use "Sit quietly and say thank you." Be very directive and don't give too many choices. **Speak slowly and be aware of how much information will lead to overload.** Remember to review, reteach, and remind.

For many students with FASD, talk alone is insufficient. Visual supports, in the form of simple drawings or photographs, help students understand what is being asked of them. They provide cues to meaning and remain constant long enough for the student to process, store, and act on the information provided. Visuals can be used to organize a task, a daily schedule or as reminders. They may be as simple as colour-coding or as complex as a visual schedule (see page 8:4) for the classroom routine.

CONCRETE LANGUAGE

A teacher who takes the time and effort to really understand the difference between abstract and concrete language and how to talk in concrete language has built the foundation to work successfully with students with FASD.



Using visual supports

Visual supports *(see example, left)* can be used as a general classroom schedule, to structure a specific part of the school day, or to structure a specific activity, such as going to the bathroom or completing a math assignment. **They are helpful for all students but particularly helpful for students with FASD.** Visual supports:

- are generally very helpful at easing anxiety amongst children with receptive language and sensory processing difficulties;
- can be used for any activity, and for various time spans (e.g., one routine strip for the entire day, another routine strip for morning at preschool, another routine strip for circle time at preschool, another routine strip for toileting);
- use photographs or picture symbols (depends on whether a child is able to comprehend abstract pictures or needs more concrete photographs);
- should be in a visible place so that the child has easy access and will remember the location; and,
- should have a universal "no" symbol (i.e., a red circle with a line through the middle) to indicate if an activity will not be taking place (rather than simply removing the picture as though that activity or object no longer exists), as well as a symbol to be used in the event that an unscheduled activity will occur (e.g., a question mark, followed by a picture representing the unscheduled activity).

Adapted from Kindergarten Teacher's Guide to the Sensory Universe. Melissa Croskery, OT. Special Programs, Yukon Department of Education, 2005.

Consult with the student's occupational therapist and/or speech language pathologist for more specific information on visual supports.

The FASD manuals from Alberta and Saskatchewan have excellent suggestions on communication strategies for students with FASD. These manuals have been provided to all schools and are also available from the Learning Resource Centre.

Using technology

Technical aids such as computers provide another avenue for learning. **The student with FASD may benefit from computer-based learning programs** because they are repetitive, visual, and provide immediate feedback and a hands-on learning experience.

Computer-assisted learning programs, such as those that are voice-activated, are available in Yukon schools. Examples of these programs are Kurzweil, which translates text to speech, or Via Voice, which translates speech to written text. Some operating systems (OSX) on the computers in Yukon school have a function that converts text to audio.

Other computer-based programs that might be useful are Picture It and Boardmaker. These programs are used for creating visual supports for students. Computer-assisted learning has immense benefits for students when used to meet the learning objectives.

Computers are only one aspect of technology that might assist the student. A variety of devices address communication and learning. Expertise is available in determining the need and appropriate use of the technology through the Assistive Technology Committee in Special Programs.

CONCRETE LANGUAGE

Since computer programs are constantly being updated, contact Information Technology Support Services (ITSS) or the Assistive Technology Committee in Special Programs for current information.

Essential Element 9

FASD and memory

Memory is a neurological function that does not work well in children with FASD. For the student with FASD, the effects of memory deficits in the school setting may show themselves in:

- not bringing in homework;
- an inability to generalize information from one setting to another; or,
- not getting to class on time.

The memory deficits of students with FASD mean that they cannot make a decision about "next time" based on "what happened last time" and that there are limits to how well they can process information. It is important to recognize and accept these limits so as not to burden a child with unnecessary frustration and stress. When helping a student with FASD, we first need to figure out what we want the child to do, assess where he or she is functioning, and start to program at the developmental level rather than the age or grade level.

Understand the role that memory plays in a student's ability to learn and to sustain a consistent level of performance.

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How FASD affects memory	9.2
Memory problems	9.2
Visual schedules	9.4
Assessing memory demands	9.5

I remember when my 11-year-old daughter, who has FASD, noticed the party invitation to her best friend's birthday celebration, which was a week away. "Mom, did I go to that birthday party? What did I bring Susie?" Her memory forgets things that are very important to her and she struggles every single day.

Antonia Rathbun

How FASD affects memory

Memory is involved in every aspect of our thinking, behaviour, and actions. People with FASD experience memory problems in a variety of common situations.

Memory problem:
When the task process is not familiar

Be clear about the purpose of the task. Is it to learn and remember new information or is it to teach a new approach to a task? **If you want the student with FASD to remember specific information, use a familiar procedure.** If you want to teach a new process to a task, the emphasis should be on modeling the process, not remembering facts and learning new concepts:

Keep in mind that the use of familiar structures and routines and direct teaching provides an optimum environment for children with FASD.

- If the child is used to watching first, and underlining important points after you say them, then use that familiar approach. For example, if the student is familiar with vertical addition, keep the process the same.
- Be consistent in the ways you ask for information or responses from the student.
- Ensure everyone working with the student — teacher, parent, educational assistant — uses the same language.
- If you always say, "Tell me the name of the letter," don't assume children understand you when you say, "Name the letter."
- Use the same language for review as on the quiz and test questions. If you review using the question, "How are these things the same and how are they different?" don't change the test question to "Compare and contrast these things."

Memory problem:
When information is given in isolated pieces

Show the student with FASD the whole picture before breaking the memory task into smaller parts:

- Have them look at all 26 letters of the alphabet before starting the first three letters, or look at all ten words on the spelling word list before starting to learn the first three words.

Memory problem:
When information has to be recalled in a specific order

Learning a poem, numbers, the alphabet, or the months of the year can be problematic for people with FASD.

- Information that has to be recalled in order or sequence should be presented in small parts.
- Once each part has been mastered, add more of the parts, reviewing each past section with the newly learned material.
- Repetition and **correct practice** are necessary if the student is to master the material to be learned or memorized.

Memory problem:
Insufficient repetition or practice

People with FASD may require extra repetitions of information in order to recognize information as old rather than new information. Providing more time to process material — to the point of over-learning it — will help these children remember the material.

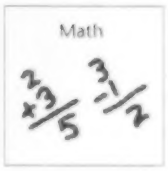
- Break up the information to be learned into small parts.
- Provide a short practice time (5-10 minutes, depending on age).
- Have a short break (about 10-15 minutes) doing another type of activity. Then return to the learning task.

Memory problem:
Not understanding verbal instructions

Student with FASD often have language processing difficulties. Model the task; use appropriate gestures; have the student write directions in their own words or visualize what they are supposed to do. These techniques will ensure better understanding of the task requirements and improved retention.

- When you tell students to get their books ready for reading group, hold up the book and point to where the group will sit to cue the student with FASD.
- Use a picture of the student with reading book in hand, etc.
- Get students to visualize themselves doing the task: i.e., "I see myself with my reader and notebook and pencil going to the reading corner."

See page 8.4 in Essential Element 8 for an example of a visual schedule. An excellent resource for visual schedules is Linda Hodgdon's book, *Visual Strategies for Improving Communication*, which is available from the Learning Resource Centre.



Use visual schedules to help the student follow the classroom routine. A visual schedule may be used as a general classroom schedule to help students anticipate what will happen next. This decreases anxiety and improves compliance.

Memory problem:
Not understanding the meaning of what they have read

Sometimes people with FASD have trouble understanding what they read. They may need to talk about or clarify their confusion or draw what they think the story was about. **Acting out, drawing, or visualizing the story may help their understanding.** Jotting short notes as they read may also help.

- Careful questioning of the student by the teacher is required to establish the level of comprehension of the material and to ensure that the student has not drawn inaccurate conclusions.
- Check to see if the individual understands idioms, analogies, inferences, or other nuances.
- Phrases like "it's raining cats and dogs" or "he acted like a caged wild animal" may be confusing and may be understood literally by children with FASD.

Children with FASD may remember information better if it is presented with concrete visual aids. Visual aids and hands-on or kinesthetic experiences are valuable. For example, use the body to act out a story, a feeling, or the shape of a letter; use flashcards, pictures, puppets, etc. Be discerning in your use of aids and put away the picture or prop after the example is done. Too much stimulation may interfere with learning and remembering.

Memory problem:
Assessing the memory demands and difficulty of a task

Childrem with FASD may not pay attention to the memory demands of a task and/or may have difficulty identifying which tasks are difficult for them. They may not understand the process of reviewing, scanning, or carefully noting details of an object or picture.

- Games and exercises that can help the child focus on a memory task include: Concentration, identifying the missing object, scanning a picture for one minute then describing it, or reading a paragraph and retelling it in their own words:
- The teacher should ask students with FASD which tasks were difficult and which were easy for them. This discussion will help them become more aware of their own memory processes — how they recall facts or details or the way to do a task.

Memory problem:
Reliance on others

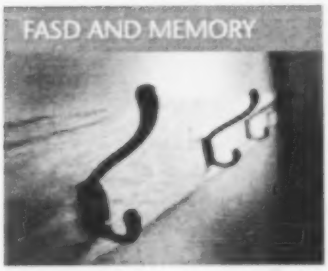
They may be passive about remembering, relying on others to remind them. Encourage these students to look at checklists, charts, or models illustrating how to do a task. Praise their efforts to learn independently, but still remind them.

Memory problem:
Lack of memory strategies

Children with FASD may be less effective users of mnemonic strategies than their peers. **Teaching memory strategies, as well as when and how to use them, may be beneficial to students with FASD.** Organizing by category, counting, music and songs, and external prompts, such as showing pictures of steps in the task and materials needed, are helpful in teaching ways to remember things.

Consistency in teaching procedures, classroom organization, and realistic expectations are important factors for the success of these students.

Adapted from Saskatchewan Learning 1996, pp. 51–54.



The brain damage caused by prenatal exposure to alcohol can have a profound impact on memory. It is crucial that teachers understand the effect of this damage and apply this information to teaching strategies.

Essential Element 10

IN THIS SECTION

Academic skills	10.2
Social skills	10.8
Using social stories	10.10

Academic and social skills

A brain damaged by alcohol causes lifelong difficulties learning academic and social skills. As explained in the Introduction, the part of the fetus affected by the consumption of alcohol depends on when during the pregnancy alcohol was consumed and the amount of alcohol consumed. Alcohol disrupts the normal connections between parts of the developing brain, so that the connections are confused or are not made at all. The damage to the brain leads to variable impairments, reflected in different ways of learning academic and social skills.

Realize that a brain damaged by alcohol cannot process information in a typical manner.

Academic and social skills are two areas that students with FASD frequently experience great difficulty with. Challenges in academics can make school success difficult. Challenges in social skills can make it more difficult to succeed both in school and in life outside the school. The two sections below outline how difficulties in the skill area may be presented in the classroom and a variety of classroom strategies the educator can use.

Kathy, a second-grader with FAS, was doing very well in school, where her favourite subject was math. Then her father was transferred to a job in a nearby town and the family moved. At the new school, Kathy failed math. Her parents and teacher worried about her adjusting to new surroundings, etc. and tried many things, but Kathy was still failing. Then one evening, while helping Kathy with homework, her mother realized the problem. In the new school, they used a European seven (7).

Diane Malbin

Difficulties with academic skills

Students experiencing difficulties with academic skills may:

- be unable to learn simple one-step rules;
- have trouble learning sequences, such as the days of the week, the ABC song, primary colours;
- be unable to learn math skills beyond a basic level;
- not understand basic math problems;
- be unable to learn to tell time, even with a digital clock.
- be unable to manage time or feel time passing;
- have problems answering comprehensive questions about material they appear able to read;
- have problems writing coherent stories and reports.
- be unable to follow simple verbal directions given in a classroom setting;
- may answer a question literally, which might look like misbehaviour although it isn't;
- be unable to do a project without assistance on every step, every time; or,
- be unable to take learning from the classroom and generalize it to real life.

Adapted from Alberta Learning 2004, p.97

The remainder of this section contains general approaches and simple strategies that are easy to incorporate into teaching practice. They will not only benefit students with FASD but may also help other students in your class.

Classroom strategies for difficulties in academics

Simplify instructions to the student

Students with FASD may have difficulty following directions in all subject areas. **These suggestions are ways to simplify instructions:**

- Repetition: repeat the same direction or instruction.
- Reduction: reduce the amount of information in your instruction and break it into smaller parts.
- Rephrasing: try to say the direction in another way.
- Use rhyming, simple phrases that the brain can recall easily.
- Add a gesture: point to the object you are talking about, or add a gesture that symbolizes the function of the object (e.g., a drinking motion for a cup).
- Add some visual support: show students a picture of what you want them to do, or where you want them to look.

- Use basic sign language along with verbal directions to add concrete, kinesthetic involvement. Many students with FASD are great at learning sign language.
- Backward chaining: partially complete the activity for the child, and then allow him or her to finish it. Gradually add on previous steps until the child is able to complete the entire activity. This works well for getting dressed: the child does not have to remember all the steps at once but can still participate in the routine.
- Physical guidance: if the child still has difficulty, even with all of the support above, physically guide the child through the activity, using the words at the same time. Gradually replace the physical guidance with gestures or picture cues, then words alone.
- Use colour: for example, when diagramming sentences, colour-code the parts of speech and allow students to use coloured pens when diagramming.
- Use pictures whenever possible.
- Allow students to draw pictures along with or instead of some written assignments.

Adjust academic expectations

Academic expectations should match the skill level and developmental age of individual students. Here are some samples of specific strategies for adjusting academic expectations appropriately.

- Adjust instruction to the slower cognitive pace that many students with FASD demonstrate by "**chunking**" information given to the student.
- Present only one new concept in a lesson, if possible.
- Provide extra time to complete work. When appropriate, reduce the workload so it can be accomplished within a reasonable time. Students should not be expected to take home all the work they are unable to finish in class, as well as all the regular homework.
- Vary the number of responses required to demonstrate mastery of a skill by emphasizing quality versus quantity in rote-learning tasks.
- Provide individualized instruction in areas of weakness. Use a range of approaches that are successful for teaching reading, math, and written language to students with learning difficulties.

Chunking means presenting one step at a time, e.g. Get out your math book. *Pause while they complete the step.* Turn to page 12. *Pause.* Get out your pencil. *Pause.* Get out your notebook.

- Provide alternative course placements for areas of weakness, such as second languages. For example, a First Nation language familiar to a child may be an appropriate alternative to French.
- Focus on vocational learning and teach functional life skills in a very concrete manner.
- Teach safety issues, health and nutrition, leisure-time skills, and job-skill instruction in a manner specifically related to the student's daily life.
- Work closely with and listen to parents to reduce inconsistencies between school and home.

Reading comprehension and decoding

The following strategies can help build reading comprehension and decoding skills:

- Pair less able readers with competent readers and have them read and complete assignments together.
- Help older students locate and **colour-code essential information** in instructions by underlining, circling, or highlighting key words or steps. Teach students to use different colours to distinguish specific information while studying.
- Photocopy reading material and use white-out tape to cover difficult words. Write simpler words on the white-out tape. This is also effective in work that contains many idioms, metaphors, or unfamiliar figures of speech.
- Cut assignments into parts and enlarge them for the student.
- Consider adapting materials written for students learning English as a second language. They are written at a simpler, less complex level than other materials.
- Look for high interest/low vocabulary materials in the library.
- Teach students to find books at their level.
- Provide audiotapes or audio CDs of textbooks and novels.
- Introduce new words slowly and repeat them frequently.
- Use picture dictionaries to aid vocabulary development.
- Plan to review material at the beginning of the school year, since students may have forgotten many sight words and decoding skills over the summer.

In a language arts assignment, students might highlight action words in green or nouns in yellow. Older students can underline or circle parts of the text in specific colours as they study. They can use one colour for new vocabulary, another for specific facts, and a third for main ideas.

- Start with books at an easier reading level so students can build their reading confidence. Start low. Go slow.
- Consider having volunteers or buddies read with students regularly.
- Teach phonological awareness.
- Use flashcards to model sight words.
- Use cut-up sentence strips to assist with word identification and comprehension.
- When teaching phonics, use gestures and stories. The Rantin' and Raven books (Hines, Johnson & Peterson) are a good source of stories for **teaching phonics to Yukon children.** Some students need to see and use words many times before they remember them.
- Start a home reading program. Let parents know that even five minutes a day can make a difference.

Adapted with permission from Peggy Lasser, 1999, pp. 84 and 86.

Support math learning

Here are samples of specific hands-on strategies to facilitate math instruction for students with FASD.

- Assess current math skills. Don't assume students have mastered concepts and skills taught in previous years.
- Locate math resources that focus on basic math skills. Move slowly when concepts are introduced and offer lots of repetition and practice. Students need clear, concise examples and explanations. **An example of an appropriate program is Math 44, which can be requested through Resource Services.**
- Look for different ways to teach concepts and skills, such as number lines, blocks, fingers, calculators, chanting, drill sheets, alternate texts, a slower pace, and worksheets with entertaining pictures and clear examples.
- Use consistent language to explain concepts or operations. When teaching operations that involve more than one step, such as subtraction with regrouping, use consistent steps, consistent language, and visual support through writing out the steps.
- Provide illustrated checklists for mathematical operations that have more than one step.

For help with phonological awareness, ask your Learning Assistance Teacher or school Speech Language Pathologist (SLP) for appropriate strategies.

Math 44: Intervention Strategies to Increase Student Proficiency in Grade 8 and 9 are in the professional library at the Learning Resource Centre. Resource lists for additional information are available from the North Vancouver School District #44 website: www.nvsd44.bc.ca/Math44/math44.html.

- Use graph paper or lined paper turned sideways to spatially organize mathematics problems. The lines on the page or the graph grid can be used to line up numbers in columns. This approach is especially helpful when students do subtraction and multiplication with regrouping.
- Make checklists and examples available for students to use during tests.
- Allow students to use calculators or multiplication tables.
- Some students with FASD can learn the operation, e.g., addition, but have difficulty understanding the concept behind it. Teach how rather than why at first.
- Prepare worksheets with questions that follow a similar pattern: e.g., all the questions ask the student to regroup from the tens column.
- Gradually work to develop understanding through multiple presentations with manipulatives.
- Use computer programs for review. Some programs assess students' individual levels and pace instructional practice.
- Add value to daily math drills by **having students repeat the questions and answers** as you correct them together.

Have students see, hear, say, and write the questions with the answers. This gives them more practice than if teachers do the marking.

- Be aware that the concept of time causes problems for many students with FASD.
- Use physical examples of time passing: for example, a visual clock, marking days off the calendar, hourglass, plants growing, candle burning down.
- Some students need intensive individual support and adapted materials to complete problem-solving questions successfully. Use diagrams and start from the simplest level. Provide visual steps wherever possible.

Adapted with permission from Peggy Lasser, p.90.

Basic note-taking skills

Here are samples of specific strategies for teaching note-taking skills to older students.

- Format guidelines for note-taking are important. Encourage the student to write one idea per line; skip lines between writing; create wide margins on note pages to add detail; use one side of page only.
- Have students record the date and put a title on their notes.
- Have key words or phrases related to the lesson written on the board for students to record in their notebooks. They can create definitions for these key words using phrases or pictures.
- Highlight key words in notes and use different colours for different subjects.
- Students with printing or language-processing challenges can be provided with a copy of notes.
- **Encourage students to put question marks beside any written notes they don't understand.** This reminds them to ask for clarification at the end of the lesson.
- Provide time at the end or between learning activities for students to compare notes or for the teacher to clarify and support understanding.

Managing test anxiety

Here are sample strategies to teach students how to manage anxiety about tests.

- Identify what stress looks and feels like, specifically when writing tests.
- Rehearse simple steps for managing anxiety, such as: close your eyes; breathe deeply and slowly; relax your hands.
- Have students make a tip card outlining a strategy for handling test anxiety. Post on individual desks so students can use the strategy independently.
- Provide sample tests or give students information on specific areas to study.
- Give tests verbally or use a scribe, when appropriate.

Adapted from Alberta Learning, p.103

Difficulties with social skills

Students experiencing difficulties with social skills may:

- act younger than their chronological age;
- have no friends their own age;
- play with younger children;
- have problems in physical education or competitive sports because they have difficulty following game rules;
- have problems with time management;
- come to school dirty and unkempt;
- exhibit parallel playing after early childhood;
- have negative interactions with peers;
- have trouble on the playground without close supervision;
- be naïve and gullible;
- say inappropriate things or act in ways that disturb others; or,
- not know rules for personal space.

Alberta Learning 2004, p.83

Classroom strategies for social skills

Students with FASD often need to be taught the social skills that other students acquire through interaction and observation. **Social skill instruction can occur in the classroom, on the playground, in small groups, or individually.** Important skills and strategies to teach social skills are listed below.

Teaching functional life skills

As students get older it is important to determine the skills they will need to be successful in daily living and directly teach these skills. It is also important to involve students, parents, and community members in identifying what those skills might be. Here are some strategies for teaching functional life skills.

- Teach skills for succeeding in real-life situations, such as taking the bus, shopping, and doing chores.
- Include a vocational component in the school program. Try to give older students supervised work experiences in a variety of settings. If appropriate, make sure vocational goals, with ongoing support, are included in the student's Individualized Education Plan (IEP).

Consider **Essential Element 8** and **Essential Element 4** when teaching students with FASD functional life skills. The Alberta Learning FASD (2004) manual (pp. 83-85) and Saskatchewan Learning 2004 are other excellent resources in this area.

- Starting in elementary school, practise personal-care routines — such as brushing teeth, combing hair, and dressing — on a daily basis so that students will develop appropriate habits.
- Review these routines and remind the students often.
- Provide positive peer models to teach and reinforce basic adaptive and social skills in the classroom and on the playground, and provide supervision and reminders.
- Teach leisure skills, as these may be a large component of the day and help students develop habit patterns that are fun and safe.

Adapted from Alberta Learning, p.85

Teaching and practising self-advocacy skills

Samples of specific strategies are listed here.

- Develop social scripts students can use in high-stress situations, such as getting on the wrong bus or hurting themselves. Students can keep these scripts in their wallets and use the steps when necessary.
- Provide opportunities to role-play self-advocacy behaviours. Try them in the classroom and practise them in other settings.
- Role-play appropriate behaviours only and use video cameras to review them.
- Use pictures or videos to show examples of students' doing something right.

Alberta Learning, p.85

Teaching social skills

The goal of instruction in social skills is to **teach socially acceptable behaviours that help students gain acceptance** by their classroom peers, teachers, and other people they will encounter throughout their lives.

The greatest challenge for many students will be transfer and generalization of social skills to other locations.

Most students with FASD will not recognize the similarities in a situation that is different from the one in which they learned the skill. Some individuals will always have difficulty applying these skills across similar settings, even with reinforcement and repetition in the teaching of these skills. Those individuals will require cueing in each new setting. The cueing is one example of what we refer to as the external brain.

It is important to teach social skills in context and provide real practice for the reinforcement of these skills.

The steps to teaching social skills can be organized in the following sequence:

1. Identify the skill on which to focus; keep it simple.
2. Teach, review, reteach; use memory aids such as rhyming, sign language, gestures.
3. Model and role-play; practise in real-life settings.
4. Provide feedback, reminders, and supervision.
5. Transfer and generalize to other locations with supervision.
6. Make certain that the student with FASD has someone with whom to check (as well as someone who will check with him) when he forgets what to do and doesn't understand.
7. Remember: the fact that a student with FASD can tell you the rule or steps for a skill does not mean that he or she understands it!

The art of teaching is knowing how much repetition is necessary before there is some measure of success, and knowing when it is time to seek an alternative.

Sask Learning 2004, p.7.51

Using social stories

Carol Gray developed the concept and use of social stories, which have helped students with a variety of disabilities to develop social skills. They can be used to teach students with FASD social skills, behaviours, and routines. Sensory descriptors in the story create the context and provide the cues for the behaviour or judgment that is being shaped. **Social stories (see example, left) are successful when they are descriptive** and do not contain too many behavioural rules or directives.

Social stories are often reviewed with a student prior to entering the social situation or routine for which they are written. The speech and language pathologist who works in your school is a good resource for information. The Learning Resource Centre also has excellent reference material. The video by Carol Gray on Social Stories is especially helpful on the mechanics of writing social stories.

Example of a social story

Looking while listening

- When someone is talking to me, I try to listen. This is an important thing to do.
- I might hear something that makes me laugh.
- I might hear a rule that keeps me safe.
- Looking at the person who is talking to me shows him or her I am listening.
- Sometimes I try to look at a part of their face. I try to do this so the other person knows that I am listening to them. The person who is talking to me will like this a lot.

Lisa Dymond, Speech language pathologist

Essential Element 11

Transitions

When my husband and I adopted 23-month-old Rena, we had prepared for the challenges ahead. We studied FASD and had a good understanding of Rena's disability. We were aware of the likely challenges we would face together and worried about Rena's future.

One of the things that concerned us the most was that we had heard how young women with FASD are vulnerable and often an easy target for abuse and unwanted pregnancies. We didn't want that for our beautiful little daughter.

Pay attention to all transitions in the life of a person with FASD, in particular the transition into adulthood.

Armed with understanding of the learning and memory issues associated with FASD, we began to set the stage or foundation for transition into adult life. What we did was simple: starting when Rena was 2½ years old, she was given a vitamin pill every morning. She developed the habit pattern of taking a pill every single morning of her life.

When Rena reached mid-adolescence, a birth control pill was substituted for the vitamin. She took the pill without fail. Rena is now 26, sexually active, and has never been pregnant.

IN THIS SECTION

Transitions:

Preparing the student	11.2
Preschool to primary	11.3
Primary to intermediate	11.4
intermediate to secondary	11.4
High school to adult life	11.4

Transition into adulthood must begin early, continue well beyond adolescence, and will require the ongoing teaching of daily living skills.

In retrospect, we wish we had given Rena two vitamin pills when she was young – because she only takes one pill, she misses the vitamin.

Betty Taaffe

We need to ask ourselves as teachers, whenever we teach a rule or concept, how this will affect the children in adult life. Is this setting the stage for success as an adult?

Transitions involve change. Since students with FASD do not easily generalize concepts from one setting to another, and any type of transition involves understanding concepts in the new setting, transitions present them with particular difficulties. A transition is less disruptive when familiar habits and routines are used in the new setting. The information about these routines must be transferred from the old setting to the new in order for the transition to be successful.

Successful transitions are collaborative, promote continuity, and are continually re-evaluated. Collaboration with the family is essential. Collaboration with community partners – e.g., First Nations, Social Services, Supported Employment Centres – can create support and structure that is realistic and considerate of community capacity. **A transition plan that promotes continuity will create a structure that is familiar to the individual and therefore more likely to be successful.** Ongoing evaluation of the individual's transition plan and support program will promote success.

Preparing the student for a transition

Most students experience apprehension when entering a different classroom or new school. For the student already dealing with the challenges of FASD, these feelings can be so overwhelming that they affect the child's ability to function in the new setting. The choice of strategies is based on the individual characteristics of the student and what has been learned from previous transitions.

These are some strategies that might help prepare students with FASD for the transition into a new classroom or school:

- Arrange to have the student visit the school and the future classroom(s) on several occasions prior to the first attendance day.
- Show pictures or videotapes of the new school.
- Prepare a scrapbook on the new school for the student to review over the summer holidays.
- Discuss the student's concerns regarding the move.
- Use social stories – stories with pictures to describe a typical day in the new school. **See Essential Element 10 and the Resources section of this manual.**
- In the cases of students with significant disabilities, ask that any support personnel assisting the student accompany him or her to the new school.
- Arrange for the student to meet one or two key staff members who will be involved in the year ahead.
- Visit locations in the school that may be new or different; e.g., the gymnasium, the lunchroom, the bus stop.
- Arrange a buddy (preferably a person the student knows well) to help the student negotiate his or her way around the school.
- Discuss the expectations of a secondary school – e.g., moving between classrooms, using the library and lockers.

Transition from preschool to primary grades (K-3)

Yukon children with identified special needs are often involved with the Child Development Centre. **There is a formal transition protocol that guides the transition of these children into school.** This process helps create a positive learning environment for the child with FASD.

In the primary grades, children with FASD — even those who have not been diagnosed — are often more successful in the typical classroom environment than in later years. The use of multi-sensory learning techniques, the primary curriculum, and the fact that many children with FASD score in the typical range on standardized tests, all contribute to the child being less noticeable in the classroom environment.

For information about the transition protocol see Special Programs Services: A Handbook of Procedures and Guidelines.

Transition from primary to intermediate (grades 4-7)

It is during the transition to the intermediate grades that the challenges for students with FASD often become more evident to the classroom teacher. Higher-order language becomes the norm. Idioms and metaphors are frequently used by teachers and peers. Learning by reading presents a challenge for many children with FASD. By grade four, the abstract concepts used in math often present challenges for children with FASD. Challenges in learning are often accompanied by changes in behaviour **(see Essential Element 6)**.

If students with FASD are having difficulty with the increased challenges posed by the amount and complexity of the school workload, classroom teachers should seek further help from the Learning Assistance Teacher and School-Based Team. This in turn will help with program planning.

Transition from intermediate to secondary school (8-12)

The transition from elementary to secondary school coincides with the many challenges associated with adolescence. It is during adolescence that many **secondary disabilities associated with FASD** develop. Often these children appear more able than they actually are and do not get the support they need to be functional and independent. Secondary disabilities are theoretically preventable if a strong support system is in place.

Secondary disabilities (see page 9 in the Introduction) include low self-esteem, mental illness, and behavioural and emotional difficulties arising from repeated academic and social failures.

Transition from one educational setting to another is a process that should be planned well in advance and incorporated into the IEP. It needs to be developed collaboratively with the student, parents, family, current school, receiving school and agencies involved. For students with FASD, planning should begin well before the move to the new setting to give ample time for placement choices and orientation.

Transition from secondary school to adult life

The need for structure and support does not end when the child leaves the school system. The transition to adult life from the structured life of school is arguably the most important transition to occur in the life of the person with FASD. Without a plan for transition to life outside of school, the student with FASD can easily fall through the cracks. In the Yukon, there have been frequent situations where individuals with FASD

have become involved with the criminal justice system because they have not had the supports they needed to be included in society. Creating a transition plan for school leaving can help avoid these tragedies.

As with transitions into and between schools, successful transitions out of school are collaborative, promote continuity, and are continually re-evaluated. Many elements of teaching practices outlined in this manual should be considered when considering the transition out of school.

Transitions must:

- be part of the IEP;
- start early – in the final three or four years of school, not the last three or four months;
- be very structured and involve a routine;
- include simple and concrete instructions, be practised and repeated; and,
- include support and supervision, which is maintained on a long-term basis.

Support for people with FASD is available from the Social Service Branch, Services to Persons with a Disability. If a young adult with FASD is First Nation, then supports are available from his or her First Nation government.

Essential Element 12

IN THIS SECTION

Signs of success:	
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Key people	12.4

Measuring success

Teaching children with FASD is both rewarding and frustrating. One source of frustration for teachers is that students with FASD frequently do not experience success in the same way as their peers. This lack of success can relate to the challenges stemming from the brain damage caused by prenatal exposure to alcohol.

This manual provides information and strategies aimed at dealing with these challenges. However, one key strategy for working with students with FASD has not been discussed — the need to redefine how teachers, parents, peers, and people with FASD judge success.

Redefine success. Recognize and applaud accomplishments, in both your students and yourself.

Frequently students with FASD have educational needs significantly different from their peers and require an **Individualized Education Program (IEP)**. When a teacher thinks a child might need an IEP the first step should be to discuss this with the Learning Assistance teacher and the school-based team. Many teachers are aware of how an IEP works and resources are available in schools and in Special Programs to assist in writing one. An IEP defines success in terms appropriate to the student's ability.

For more references on how to write an IEP, check with the following resources:

- the Learning Assistance Teacher in your school
- Teacher Resource Library
- Special Programs

In the daily life of a person with FASD, the need to redefine success goes beyond modification of academic goals. Success in the day-to-day routine may also need to be seen differently from that expected of a typical student. It may be helpful for the educator to consider what expectations he or she has of students with FASD throughout the school day in order to recognize success when it might not be readily apparent.

Refer to Essential Element 6 and Table 6.1, which compares standard behavioural expectations for chronological-age abilities with the actual developmental-age abilities often seen in children with FASD. This information gives you ideas on how you might redefine success for students with FASD.

In grade two, we took a field trip to Lower Fort Garry. Ryan was not able to read, and the tremor in his hand certainly compromised any handwriting he attempted. On the field trip, the guide asked the students some questions about how the west would have been dyed in the early settler days. Ryan put up his hand and informed the guide that they used tools and berries to make dyes. His teacher and I were amazed. We have no idea where he picked that up other than he watched many PBS and learning channels on TV.

Val Surbey, parent of Ryan

Here are some typical markers of success for people with FASD and stories to illustrate them.

Early childhood

These are some measures of success in very young children with FASD:

- due to the extreme physical conditions facing many infants with FASD, just surviving to early childhood is a giant success;
- can communicate basic needs and be toilet-trained at age 5; and
- spends two years in kindergarten, when appropriate.

Elementary school years

These are some signs of success in young children with FASD:

- makes a friend in grade 4;
- interactive play instead of parallel play at age 10;
- begins to understand simple jokes and humour;
- succeeds in supervised and structured play; and
- learns to solve problems from modeling.

Adolescence

These are some indications of success in teenagers with FASD:

- instead of crying, they can now ask when they don't understand something;
- can complete an assignment alone;
- developing an appropriate sense of humour in grade 6; and,
- getting work done with the help of assistive technology.

When Matthew went to the College of Performing Arts, his disability didn't seem to matter to his teachers. They were very willing to believe that he had a real disability, no questions asked, and no extra money expected before they helped him. They simply accommodated every difference in their students and did not tolerate negative feedback from anyone. They held a circle every day to work things out, talked about what was going on, what they liked or didn't like, what had to change, and who would help them change it. In two years and two summers, Matthew graduated with an advanced certificate in performing arts.

Judy Pakozdy, parent of Matthew

Early adulthood

These are some signs of success in young adults with FASD:

- after ten years of working for it, a 26-year-old passes the driver's test and gets a licence;
- at 23, a young man gets a job at a feed company, buys a brand new truck, and is told, in his first job performance evaluation, that he is the best warehouseman they have ever had;
- lives on his or her own in a supported-living condominium, manages a chequing account, and pays all the bills on time;
- organizes life with daily help; and,
- asks the person at the bank to call her mother and explain what the bank needs because she doesn't understand it.

It is my experience that what I see as success, many teachers miss because it is not big enough, great enough or on par with accomplishments of typical students. My definition is of small pieces and their definition is quite different.

Barb Wybrecht, parent and FASD advocate

One parent said her feelings about her child changed after she was reminded to think younger. Parents of young adults often report a gradual catch-up with peers. Rather than leaving home at 18, a more realistic timeline young adults with FASD might be 25 to 30.

Key people in the life of a child with FASD

At each stage of development, there are key people in the child's life in and out of the school system who can provide a safe and nurturing learning environment. The success of the child depends on strong and healthy relationships with these key people, providing positive encouragement along the way to adulthood.

These key people will:

- recognize the subtle signs of neurological impairment related to FASD, that might be invisible to the untrained;
- understand the implications of frontal lobe dysfunction and how that affects behaviour and development;
- know that the child's ability to function will vary from day to day, even from moment to moment;
- expect the child's ability to control behaviour to fluctuate from age-appropriate to levels well below his or her chronological age;
- strive to prevent situations that lead to failure and will set the child up to succeed; and,
- discover hidden talents in the child that they can nurture, helping him or her grow in self-confidence and success.

Adapted from Teresa Kellerman, educator and parent of a young adult with FASD

Adjusting teaching methods to the particular needs of the student affected by prenatal exposure to alcohol is one step an educator can take towards creating success for the student. **Redefining success for these students, and redefining how educators view themselves as successful in working with students with FASD, will create a positive environment.** However small the step towards change — and for a child with FASD it may be a very small step — celebrate it and congratulate the student and yourself. It is a success!

The Meaning of Success

Success has no single definition.

Success does not necessarily mean attending college or finding a full-time job.

Success may mean finishing things some of the time.

It means hitting a punching bag instead of a person.

It means remembering you forgot your homework at 4:30 and getting your mom to drive you back to school.

Success means knowing who you are, accepting yourself, and understanding that everyone has handicaps.

For someone with FAS, success means knowing that these are goals worth striving for, not someone's unreachable line in the sand.

Lutke in Kleinfeld 2000, pp. 20–21

From birth to adulthood, each of us becomes a link in the chain of successful moments, from one year to the next.

Resources

Department of Education
Public Schools Branch
1000 Lewes Blvd
P.O. Box 2703
Whitehorse, Yukon Y1A 2C6
www.education.gov.yk.ca

General inquiries	667-5141
Toll-free	1-800-661-0408, ext. 5141
Special Programs	667-8000

IN THIS SECTION

General resources	R:2
Table R.1: Eight Magic Keys	R:6
Bibliography	R:7
Acronyms	R:10
Other resource manuals	R:11
Support Plan for the Env.	R:14
Yukon First Nations contacts	R:16

References and information cited in Essential Elements

The following resources appear or are referred to in the 12 Essential Elements. They are reproduced here for convenience and listed under the Element where they originally occurred.

From Essential Element 1

For more ideas on strategies to create connections with communities see: *All Together Now: Creating a Social Capital Mosaic.* Francis Ricks, et al. Vanier Institute of the Family, 1999.

Treating Compassion Fatigue. Edited by Charles R. Figley. Brunner-Routledge, 2002.

From Essential Element 2

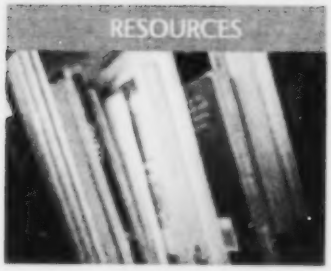
The professional library in your school has reference materials and teaching manuals on FASD. Check with your school administrator or Learning Assistance Teacher about these manuals.

Resource Services at the Department of Education has resources on FASD. Consult the online database (www.resourceservices.gov.yk.ca) for current listings.

The Fetal Alcohol Syndrome Society of Yukon is an excellent resource for information related to FASD. You can contact them at:
Fetal Alcohol Society of the Yukon (FASSY)
Phone 867-393-4948
4230 4th Avenue (Yukon Inn Plaza)
Box 31396, Whitehorse, Yukon Y1A 6K8

Alcohol and Drug Services, Yukon Health and Social Services, has an FASD prevention program that emphasizes prevention and education. One of their resources is an FASD Education Kit (curriculum) designed for use in high schools.

Non-governmental organizations such as the Child Development Centre have resources for teachers.



Recommended websites (as of March 2006):

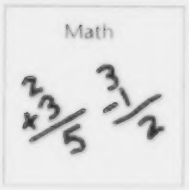
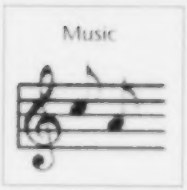
- FASD Connections: www.fasdconnections.ca
- FAS/E Support Network of B.C: www.fetalalcohol.com
- FASworld Canada: www.fasworld.com
- FASD Tool Kit: www.ccsa.ca/toolkit/introduction.htm
- Spotlight on Aboriginal FAS/FAE Programs in Canada: www.niichro.com/fas/fas_10.html
- Active Living Alliance for Canadians with Disabilities: www.ala.ca
- FAS Bookshelf Inc.: www.fasbookshelf.com
- FAS*FRI Family Resource Institute: www.fetalalcoholsyndrome.org
- FAS Community Resource Center: www.come-over.to/FASCRC
- FAS Alaska: www.fasalaska.com
- Better Endings New Beginnings: www.betterendings.org
- MoAngels: www.moangels.com
- NOFAS National Organization on Fetal Alcohol Syndrome: www.nofas.org
- Canadian Centre on Substance Abuse: www.ccsa.ca
- Region 6 FASD Committee Website: www.region6fasd.ca
- FASlink, Fetal Alcohol Disorders Society: www.acbr.com/fas
- National Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS): www.pbis.org

From Essential Element 3

FASSY (2005). *Trying Differently: A guide for daily living and working with FAS and other brain differences.* 3rd edition.

From Essential Element 4

A Support Plan for the Environment provides a structured approach to how you can modify the environment to ensure success for your student. See page R:14-15 for a sample of a Support Plan for the Environment (SPE).



From Essential Element 6

Evensen, D. "Working with Adolescents in High School: Techniques That Help" in *Fantastic Antone Grows Up*, Kleinfeld, J., University of Alaska Press, 2000.

From Essential Element 7

Kindergarten Teacher's Guide to the Sensory Universe, Melissa Croskery, Occupational Therapist, Special Programs, Yukon Department of Education, 2005. Available through Special Programs.

From Essential Element 8

Computer-assisted learning programs:

- Kerzweil, which translates text to speech;
- Via Voice, which translates speech to written text;
- Some operating systems (OSX) on the computers in Yukon schools have a function that converts text to audio;
- Picture It and Boardmaker, used for creating visual supports for students. Boardmaker was used to create the visual schedule shown here *(left)* and on page 8:4.

Since computer programs are constantly being updated, contact Information Technology Support Services (ITSS) or the Assistive Technology Committee in Special Programs for current information.

Expertise in determining the need and appropriate use of the technology is available through the Assistive Technology Committee in Special Programs.

From Essential Element 9

An excellent resource for visual schedules is Linda Hodgdon's book, *Visual Strategies for Improving Communication*, available from the Learning Resource Centre.

From Essential Element 10

On teaching social skills: The Alberta Learning FASD (2004) manual (pg. 83-85) and Saskatchewan Learning 2004 are excellent resources (see page R:11 and 12).

Lasser, Peggy. *Challenges and Opportunities: A Handbook for Teachers of Students with Special Needs with a focus on Fetal Alcohol Syndrome (FAS) and partial Fetal Alcohol Syndrome (pFAS)* (Vancouver, BC: District Learning Services, Vancouver School Board, 1999).

Intervention Strategies to Increase Student Proficiency in Grade 8 and 9 are in the professional library at the Learning Resource Centre. Resource lists for additional information are available from the North Vancouver School District #44 website: www.nvsd44.bc.ca/Math44/math44.html

The Learning Resource Centre has excellent reference material on social stories. The video by Carol Gray is especially helpful on the mechanics of writing social stories.

From Essential Element 11

Formal transition protocol to guide the transition of children with FASD into school: *Special Programs Services: A Handbook of Procedures and Guidelines.*

From Essential Element 12

For help writing an Individualized Education Program (IEP), check with the following resources:

- the Learning Assistance Teacher in your school,
- Teacher Resource Library, and
- Special Programs, Department of Education.

Table R.1
Eight Magic Keys

The Eight Magic Keys were developed by Deb Evensen and Jan Lutke. They are guidelines to developing successful interventions for students with FASD.

1. Concrete	Students with FASD do well when parents and educators talk in concrete terms, don't use words with double meanings, idioms, etc. Because the social-emotional understanding of students with FASD is far below their chronological age, it helps to "think younger" when providing assistance, giving instructions, etc.
2. Consistency	Because of the difficulty students with FASD experience trying to generalize learning from one situation to another, they do best in an environment with few changes. This includes language. Teachers and parents can coordinate with each other to use the same words for key phases and oral directions.
3. Repetition	Students with FASD have chronic short-term memory problems. They forget things they want to remember as well as information that has been learned and retained for a period of time. In order for something to make it to long-term memory, it may simply need to be re-taught and re-taught.
4. Routine	Stable routines that don't change from day to day will make it easier for students with FASD to know what to expect next and will decrease their anxiety, enabling them to learn.
5. Simplicity	Remember to keep it short and sweet. Students with FASD are easily over-stimulated, leading to "shutdown," at which point no more information can be assimilated. Therefore, a simple environment is the foundation for an effective school program.
6. Specific	Say exactly what you mean. Remember that students with FASD have difficulty with abstractions, generalization, and not being able to "fill in the blanks" when given a direction. Tell them step-by-step what to do, developing appropriate habit patterns.
7. Structure	Structure is the "glue" that makes the world make sense for a student with FASD. If this glue is taken away, things fall apart. A student with FASD achieves and is successful because his or her world provides the appropriate structure as a permanent foundation.
8. Supervision	Because of their cognitive challenges, students with FASD bring a naiveté to daily life situations. They need constant supervision, as with much younger children, to develop habit patterns of appropriate behaviour.

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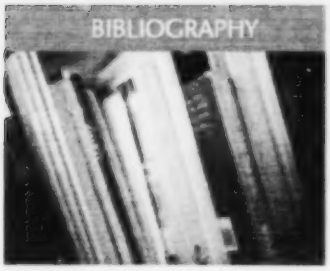

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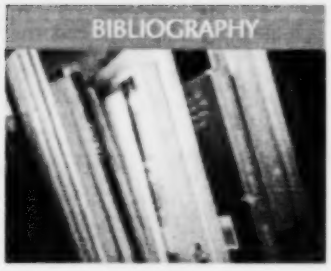

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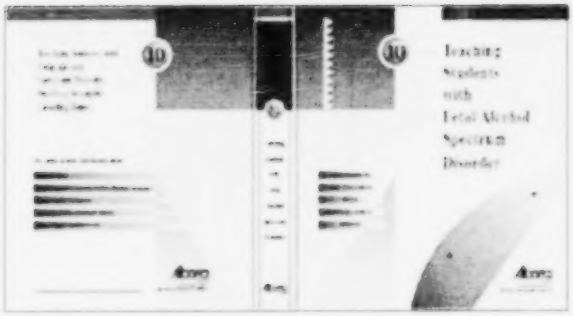
ACRONYMS

List of acronyms

ARBD	Alcohol Related Birth Defect
ARND	Alcohol Related Neurodevelopmental Disorder
CDC	Child Development Centre
CELC	Community Education Liaison Coordinator
EA	Educational Assistant
ESW	Education Support Worker
FAE	Fetal Alcohol Effects
FAS	Fetal Alcohol Syndrome
FASD	Fetal Alcohol Spectrum Disorder
FASSY	Fetal Alcohol Syndrome Society of Yukon
FNPP	First Nations Programs and Partnership Unit
IEP	Individualized Education Plan
LAT	Learning Assistance Teacher
OT	Occupational Therapist
PFAS	Partial Fetal Alcohol Syndrome
PT	Physiotherapist
SLP	Speech Language Pathologist
S.O.A.P.	Stop action. Observe. Assess. Plan
SPE	Support Plan for the Environment



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Chapter 2: Key concepts for planning effective education programs

Chapter 3: Organizing for instruction

Chapter 4: Creating a positive classroom climate

Chapter 5: Responding to students' needs

Appendix A

Al: Sample Questions to Discuss During Meetings with Parents;

A2: Enhancing Parent Involvement in the Individualized Program Plan (IPP) Process; A3: Parent Participation in the Individualized Program Plan (JPP) Process; A4: Working with Parents; AS: Home-School Communication Book; A6: Environmental Scan of the Classroom; A7: Getting Along With Others Inventory; A8: Explaining FASD to Your Child; A9: Learning Challenges Inventory; AlO: Self-advocacy Checklist

Appendix B

B1: Classroom Routines; B2: Social Script: Getting a Person's Attention; B3: Math Jobs; B4: Raise Your Hand; B5: Class Jobs; B6: Students Working; B7: Self-talk; B8: Locker

Appendix C

Cl: Activity 1—Jigsaw: Overview of FASD; C2: Activity 2—Quick Tour: Overview of the Contents of the Resource; C3: Activity 3—Treasure Hunt: Exploring Strategies and Ideas;

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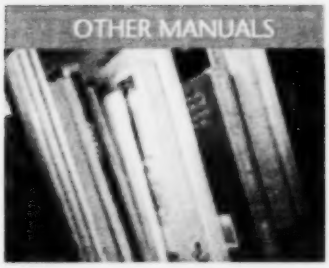
Feedback



Professional libraries in all schools have copies of this resource manual:

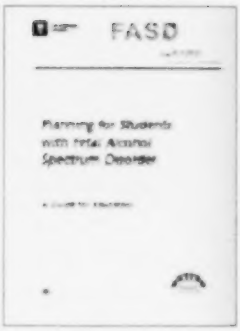
Teaching Students with Fetal Alcohol Spectrum Disorder, Alberta Learning, 2004

(see also page R:12 and 13)

Professional libraries in all schools have copies of this resource manual:

Planning for Students with Fetal Alcohol Spectrum Disorder: A Guide for Educators. Saskatchewan Learning [2004]

(see also page R:11 and 13)



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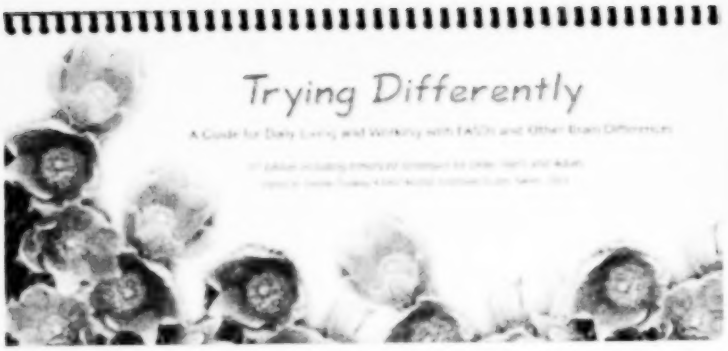

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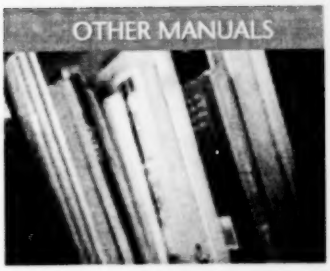

Professional libraries in all schools have copies of this resource manual:

FASSY (2005). Trying Differently: A guide for daily living and working with FAS and other brain differences. 3rd edition.

(see also page R:11 and 12)

Sample:
Support Plan for the Environment (SPE)
See Essential Element 4

Support Plan for the Environment (SPE)

Name

Date

Prepared by:

Timelines

Student's developmental age is

Actual age is

Skill	Developmental age equivalent
Expressive language	
Comprehension	
Money, time concepts	
Emotional maturity	
Physical maturity	
Reading ability	
Social skills	
Living skills	

Capacity

This student's strengths are:

This student's friends this year are:

Learning style

This student's learning style is primarily:

What works is:

What is hard:

Decoding distress

"Red flags" for this student are:

Safe containment can be provided through:

This student's wish is:

- Job
- Friends
- Leisure activities

Life skills curriculum for this term:

- Life skills/job skills
- Leisure time activity
- Problem solving technique
- Relationships/boundaries
- Socio-sexual education
- Communication and conversation skills
- Free-time activity choices that work:

Consistent ally

Classroom structure that works for this student include:

Meaningful day

- The best daily schedule/program for this student is:

Academics

- Core courses should include:
- A reasonable amount of homework:

Additional comments and plans

Yukon First Nations

Community	First Nation	Address	Phone
Council of Yukon First Nations		11 Nisutlin Drive, Whitehorse, YT Y1A 3S4	393-9200
Beaver Creek	White River First Nation	General Delivery, Beaver Creek, YT Y0B 1A0	862-7802
Burwash Landing	Kluane First Nation	Box 20, Burwash Landing, YT Y0B 1H0	841-4274
Carcross	Carcross/Tagish First Nation	Box 130, Carcross, YT Y0B 1B0	821-4603
Carcross	Dakh Ka Tlingit Tribal Council		668-6008
Carmacks	Little Salmon/Carmacks First Nation	Box 135, Carmacks, YT Y0B 1C0	863-5576
Dawson City	Tr'ondëk Hwëch'in	Box 599, Dawson City, YT Y0B IG0	993-7100
Haines Junction	Champagne and Aishihik First Nations	Box 5310, Haines Junction, YT Y0B 1L0 Whitehorse office: 100-304 Jarvis Street Whitehorse, YT Y1A 2H8	634-4200 668-3627 or toll-free 1-866-803-2698
Haines Junction	Southern Tutchone Tribal Council	Box 2076, Haines Junction, YT Y0B 1L0	634-2513
Lower Post, B.C.	Daylu Dena Council		604-779-3161
Mayo	First Nation of Na-Cho Nyäk Dun	Box 220, Mayo, YT Y0B 1M0	996-2460
Old Crow	Vuntut Gwitchin First Nation	Box 94, Old Crow, YT Y0B 1N0	966-3261
Pelly Crossing	Northern Tutchone Tribal Council	Box 61, Pelly Crossing, YT Y0B 1P0	537-3821
Pelly Crossing	Selkirk First Nation	Box 40, Pelly Crossing, YT Y0B 1P0	537-3331
Ross River	Ross River Dena Council	General Delivery, Ross River, YT Y0B 1S0	969-2722
Teslin	Teslin Tlingit Council	Box 133, Teslin, YT Y0B 1B0	390-2532
Watson Lake	Kaska Tribal Council	Box 530, Watson Lake, YT Y0A 1C0	536-2805
Watson Lake	Liard First Nation	Box 328, Watson Lake, YT Y0A 1C0	536-5200
Whitehorse	Kwanlin Dün First Nation	35 McIntyre Drive, Whitehorse, YT Y1A 5A5	633-7800
Whitehorse	Ta'an Kwäch'än Council	117 Industrial Road, Whitehorse, YT Y1A 5P9	668-3613